You can't change a past but you can change a future

A Guide for Foster and Adoptive Parents

Massachusetts Department of Social Services

Important Phone Numbers

- **Police** 911
- **Child-At-Risk Hotline** 1-800-792-5200
- **Kid's Net Connection Helpline** 1-800-486-3730
- **Foster/Adoptive Care Recruitment Line** 1-800-KIDS-508
- **MA Behavioral Partnership** 1-800-495-0086
- **Parental Stress Line** 1-800-632-8188
- **Teen Peer Line** 1-800-238-7868
- **Post Adoption Services Helpline/Adoption Crossroads** 1-800-972-2734
- **Payment Assistance Line (PAL)** 1-800-632-8218
- **Volunteer Case Reviewer Line**
  Statewide 1-800-423-2022
  Western 1-800-286-0323
- **DSS Central Office Library** 1-617-748-2373
- **DSS Web site** www.state.ma.us/dss

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Social Services
Central Office
24 Farnsworth Street, Boston, Massachusetts 02210
Phone 617-748-2000 ★ Fax 617-261-7435

March 2001

Congratulations!

The Department of Social Services welcomes you as an approved foster or adoptive family. You represent hope for so many of our children. The Department and our children count on you to provide them with a safe and nurturing family experience.

The challenges of being a foster or adoptive family are many and you will probably need some support along the way. This Family Resource Guide will provide you with some basic information you will need about how the placement and permanency planning process works at DSS, the roles of various DSS staff, and how to access assistance and support.

As Commissioner, I believe that a strong partnership between the foster or adoptive parent and DSS is essential in making foster care or adoption a positive experience for all involved. I am committed to that partnership. Your Area Office staff and various programs of support through MSPCC Kid's Net are there to assist you as you provide day to day care for our children.

Many qualities are necessary to be a good foster or adoptive parent: generosity of spirit; a good sense of humor; strong communication and problem solving skills; courage; and the ability to take risks, and to ask for help when you need it.

In reality, DSS is a large bureaucracy. Most often you will be able to get the assistance you need from the first person you talk with, most likely the Social Worker. If, however, you don't get the help you need when you need it, all DSS staff, including Supervisors, Area Program Managers, Area Directors, Regional Directors, and I, are available to assist you.

Thank you so much for all you do on behalf of our children.

Sincerely,

Jeffrey A. Locke
Commissioner

Acknowledgements

As with most projects there are individuals whose commitment goes above and beyond. Thanks to **Pat Autori** for her expertise, guidance, and good humor and to **Judy Howard** who reviewed and revised prior guides and developed this updated edition.

Many hours of labor were spent in developing this guide. There are many individuals who contributed their time and expertise. Thanks and appreciation are extended to:

- **Roberta Putnam**
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- **Leslie Akula**
- **Virginia Peel**

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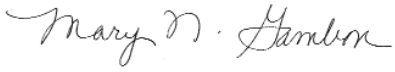
Many Thanks



Mary Gambon
Acting Assistant Commissioner for
Adoption and Foster Care Services

Welcome

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Section 1

Overview, Foster Care and Placement

Introduction

Thank you for joining the Department of Social Services in its efforts to protect children, support and strengthen families, and help our young people to develop to their fullest potential.

As a foster parent you will have the opportunity to provide a nurturing life experience for a foster child. Foster care is about relationships. It is about providing the child in your home with powerful examples of healthy family experiences. Foster care is about partnership. Each child has a team of key people in his or her life. The team members include you, as the foster parent, birth parents/ relatives and Social Workers. Together this team will create a treatment plan that will provide the services necessary to help the child achieve a permanent living situation.

Your role as a child's foster parent may be one of the most positive and rewarding experiences of your life. It may also require large amounts of love, patience, and understanding as you struggle to provide the safety, stability, and nurturing that make foster parenting successful. Our role is to give you the support you will need to make a positive intervention in a child's life.

This Family Resource Guide was developed to provide you with some basic information about foster parenting, placement, health care, legal issues, emergency procedures, support and training, financial support, and suggestions for where to turn when you need help.

Agency Overview and Directory

The Massachusetts Department of Social Services was created by the Legislature in 1978 and began operating on July 1, l980. DSS is the state agency mandated by its enabling legislation, Chapter 18B of the Massachusetts General Laws, to provide social services to children and their families. The philosophy of the Department is to promote the safety of children, provide for permanency for those children removed from their homes, and to strengthen family life.

The Department of Social Services in partnership with the citizens of the Commonwealth, its contracted agencies, and its foster parents, strives every day to strike a balance between protecting children and strengthening families at risk.

The Department is made up of offices throughout the state. The Central Office is located in Boston with six Regional Offices responsible for managing the area offices with their region. The Department of Social Services is located on page 44.

General information about Foster Care

Foster Care: A home to heal in

As an approved DSS foster parent, you have an opportunity to make a significant difference in the life of a child. You cannot change their past, but you can change their future. Children in foster care have faced some tough times before coming into our care. Most children have come to us because they have been abused or neglected. In some cases, their parents have turned to us for help because they could not keep their children safe. The alarming increase in substance abuse and domestic violence has only made the problem worse. These youngsters deserve stability, comfort and care. They need a home where they can heal. Foster care provides a safe, temporary refuge for these children until they can either return to their families or move on to a permanent situation. Thank you for sharing your home with our children.

What are the most important qualities in successful Foster Parenting?

Good communication and problem solving skills are helpful in parenting a challenging child. It's also important to be able to express, accept and understand feelings – both yours and your foster child's. An ability to support the physical and emotional needs of a youngster in crisis is also essential. Fully supporting a child's placement requires working closely with all the members of the child's team, sharing information, developing and utilizing problem solving strategies, giving and receiving support and using all relevant services available to you. This guide was developed to help you help the child in your home.

Standards for DSS Foster/Adoptive Families

Prior to your approval as a foster parent, and with your permission, the Department conducted a background check on you and your family to be sure that there was no activity in the family that would be harmful to a foster child's well being. Your family also was determined to be in compliance with the Commonwealth of Massachusetts Department of Social Services Standards for Foster/Adoptive Families. These standards are used in approving and licensing foster/adoptive families.

If you are planning or making any changes to your current living situation, or to the number of children living in your home, you need to be sure that you will still meet the established requirements. These standards also provide valuable information about the abilities that foster/adoptive parents need to possess in order to meet state standards. (See page 46)

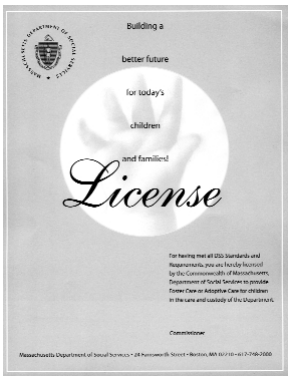
Categories of Foster/Adoptive Homes

The Department has 3 categories of foster/adoptive homes:

Kinship – These families are either a blood relation (i.e., adult sibling, grandparent, aunt, uncle, first cousin) or a significant other adult to whom the child and parent(s) ascribe the role of family based on cultural and affectional ties or individual family values. It is believed that placement with a kinship family reinforces the child's racial, ethnic, linguistic, cultural and religious heritage and strengthens and promotes continuity of familial relationships.

Child Specific – These are non kinship homes that are identified and approved for a particular child (e.g., school teacher, friend of a child's parent).

Unrestricted – These are homes licensed by the Department to provide foster/pre-adoptive care for a child usually not previously known to the foster parent.



Licensing

Unrestricted foster/adoptive families are issued a license. All families are assessed using the Standards for DSS Foster/Adoptive Families, as well as DSS regulations and policy, on an annual basis. Licenses are renewed every 2 years. The license includes an identification card that identifies you as a foster/adoptive parent.

Foster Parent Agreement

All approved/licensed, foster parents are given An Agreement Between the Massachusetts Department of Social Services and Foster/Adoptive Parents which is signed by you and the Family Resource Worker and Supervisor. This agreement defines your responsibilities for each child placed in your home and provides you with specific responsibilities and services that DSS will provide to you throughout your foster/adoptive parenting experience. This agreement also indicates the type of approval each foster/adoptive family has received. It is important that you read the agreement carefully before signing, and that you refer to it whenever you have questions about roles and expectations. (See page 49)

Placement process

The Department strives to strengthen and support family relationships. If the safety of the child cannot be guaranteed in the family, the Department removes the child from his/her home. The Department may look for a placement in community based substitute care. Preference for placement is with a kinship family. If a kinship family is not available or is determined to be inappropriate, arrangements are made for placement with a child specific or unrestricted foster family. DSS makes every effort to place siblings together.

Matching Process

The child's Social Worker will make a referral to the Family Resource Unit providing a description of the child's needs and the reason for his/her need for placement. A Family Resource Worker will call the potential foster family to talk about the child. It is up to you to decide if the child is a good match for you and for your home. It is extremely important that you take the time to ask yourself some important questions about your family members and their needs to determine if you could meet the needs of an additional child at that time.

Guidelines for placement decision making

At the time of the initial phone call it is difficult to think of all the questions you should ask about a child. A group of experienced foster parents developed the following checklist that you may wish to use as a tool to help you obtain the information that you will need to make a good and informed decision.

Helpful Reminders

- **Ask as many questions as you need to discuss the child's potential placement with your family members before making a decision.**
- **Is your family under any unusual stress due to change in any major area, e.g., moving, death in the family, marital problems, financial or work difficulties?**
- **Would the addition of a child to your home threaten the continued stability of your family at this time?**

Pre-Placement Checklist

- Name of the child.
- Age and date of birth.
- Name, phone number, and area office of child's Social Worker.
- Name and phone number of the Social Worker's supervisor.
- How many prior placements has this child had?
- Name and phone number of previous foster parent.
- Why is the child being placed?
- What has the child been told about why he/she is being moved?
- Does the child have any special needs?
- Do the child's special needs indicate a need for P.A.C.T. services?
- Who will initiate P.A.C.T. services?
- Name of P.A.C.T. coordinator.
- Do parents have a history of violence?
- What city or town do the birth parents live in?
- Do birth parents have any medical condition that directly impacts the child?
- Does the child have a history of fire setting?
- Does the child have a history of reactive sexual or assaultive behavior?
- How does the child treat/react to animals?
- Does the child have problems related to toileting, encopresis or enuresis?
- Does the child have a history of stealing?
- What important behaviors or fears does the child demonstrate?
- Has the child been the subject of a CHINS petition or involved in delinquent behavior?
- Will there be visits with birth family members?
- Who will provide transportation for visits/ appointments?
- Will transportation need to be shared between foster parent and Social Worker?
- Does the child have siblings who are not being placed with him/her?
- If so, where are siblings? Home, other foster home, residential placement, hospital?
- What is the plan for sibling visits?
- How often will visits occur and how long will they last?
- What collateral's will be involved with the child?
- Does the child have sufficient clothing that is the correct size and seasonally appropriate? If not, will there be an emergency clothing allowance requested immediately?
- If school age, what school has the child been attending?
- Will there be a change in schools, and who will register the child?
- Does the child have an IEP(individualized education plan)?
- Are any other educational or social services provided at school?
- Is the child involved in extra curricular activities?
- Does the child have a religious affiliation?
- Is the child on any medication?
- Does the child have any known allergies?
- Is there any known medical condition requiring immediate attention?
- What is the name, address, and phone number of the child's pediatrician?
- If child is an infant, did he/she have a positive toxic screen?
- Name of hospital staff member available to answer nursery care questions?
- Name and phone number of DSS nurse.
- Is the child up to date on all necessary vaccinations?
- Is the child at risk for HIV? If so, has referral been made to the Regional Aids Board?
- Does the child have issues with alcohol/drugs?
- Does the child smoke cigarettes?
- When will the medical passport and Masshealth number be given to the foster parent?
- What is the permanent plan for the child?
- What is the date of the six week placement meeting?
- What is the name and phone number of the foster care liaison?

Sometimes pre-placement visits may occur. When a child's placement can be planned in advance, you and the child may have the opportunity to meet each other in a pre-placement visit. Pre-placement visits reduce the child's anxiety about the unknown and allow you to prepare for the child's arrival. In most instances, the child's need for placement will be more immediate and there may not be an opportunity for a visit prior to the child moving into your home.

Information you will receive at placement

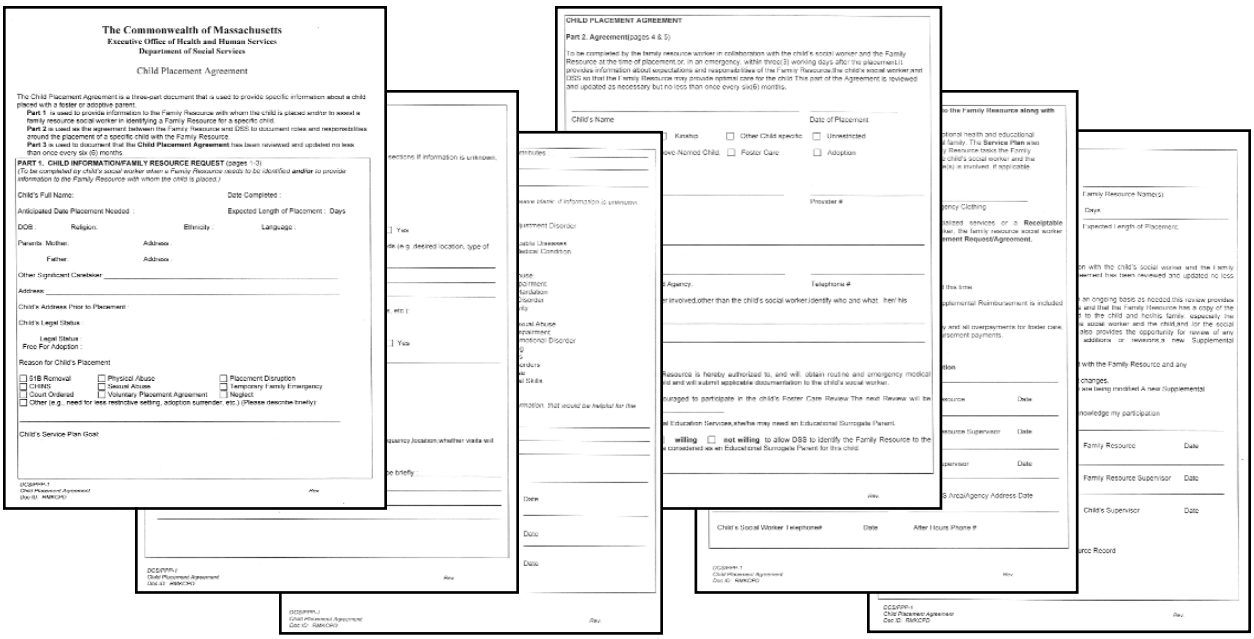
The following documents should be provided to you at the time of placement:

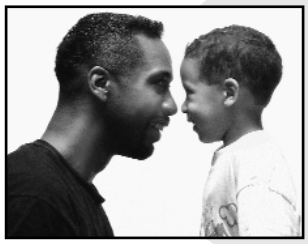
- **Child Placement Agreement –** This is a three part document.

Part 1 – provides detailed information about the child. It includes the child's legal status, reasons for placement, prior placement history, educational needs, special medical and psychological needs, visitation schedule, transportation requirements, and a checklist detailing the child's behavior and any special needs.

Part 2 – provides information about expectations and responsibilities of the foster/adoptive parent, the child's Social Worker, and DSS. This should be completed at the time of placement or within three (3) working days after the placement in an emergency situation. It also includes the foster care reimbursement rate for the child and the need for any Supplemental Reimbursement services. As the child's foster parent, you will be asked to sign this part along with the Family Resource Worker and the child's Social Worker.

Part 3 – is completed every 6 months by the Family Resource Worker in collaboration with you. It provides the opportunity to insure that the Medical Passport is up to date and that you have a current copy of the Service Plan.



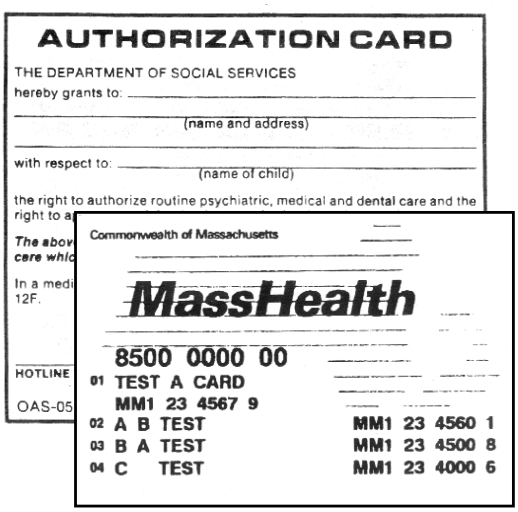


Helpful Reminders

Before you sign the Child Placement Agreement indicating that all of the above material has been received, take as much time as you need to go over all the information given to you and ask the child's Social Worker as many questions as you want.

Keep this information in a notebook with this guide so that you can locate specific information easily and add any new information that becomes available.

If you do not receive this information, call your Family Resource Worker and/or the child's Social Worker.



■ **Medical Passport –** This document provides all known medical background information for the child. It contains detailed information about allergies, medications and equipment, hospitalization history, immunizations, and any current medical information. When the child leaves your care, the passport goes with her/him. Take the passport with you, along with blank Medical Encounter forms provided by your child's Social Worker, to every medical, hospital, and dental appointment. Remind the care provider to fill out a Medical Encounter form at each visit and give the completed Encounter form to the child's Social Worker. It is not necessary to use Medical Encounter forms for therapy sessions. Your responsibilities for keeping the passport current are listed on the Passport, as are universal precaution guidelines. (See page 54 in Section five)

Every child entering DSS care/custody must have a medical screening within 7 calendar days and a complete medical exam within 30 calendar days. Every child age 3 years or older must have a dental visit within the first 6 months of placement.

■ **Medical Authorization Card –** This identifies you as the child's foster parent and verifies that you have the right to authorize routine psychiatric, medical and dental care and the right to approve participation in normal school activities. You cannot authorize extraordinary medical, psychiatric, or dental care. Your card will look like this.

■ **MassHealth Card –** You will need this card to obtain medical services for your foster child. It provides his/her MassHealth Number that your provider will need to bill for services provided to the child.

■ **Service Plan –** You will receive a copy of the child's Service Plan. This will include a brief summary of the family contacts with DSS, the goal for the child, and tasks for all members of the child's family, Social Workers, and you, the foster parent. The child's visitation schedule is also given.

Payment

The following chart lists the care and maintenance allowances for foster children and is based on their age. It also includes their quarterly clothing allowance. All children receive a $50.00 birthday bonus, a $100.00 holiday bonus and are eligible for a $100 enrichment allowance. The amount of payment you will receive for a child is written on the Child Specific Placement Agreement before you are asked to sign it.

Age	Payment	Clothing Allowance
0 – 5	$14.92 / day	$107.00 Quarterly (August, November, February, May)
6 – 12	$15.47 / day	$181.00 Quarterly
13+	$17.16 / day	$282.00 Quarterly

If your foster care reimbursement is late or incorrect, contact your Family Resource Worker or the child's Social Worker to be sure that payment has been authorized. If it has, and you have not received your check, call the **Payment Assistance Line (PAL) at 1-800-632-8218** or **617-748-2442.** This line will provide you with information about when the next check will be sent out and give you the pay period that it covers. A DSS staff person assigned to the line will help you with any payment problems you are having. Remember that each check you receive actually pays you for the two-week period that has already ended. Clothing checks are issued in advance for the following three-month period. The Department encourages the use of Direct Deposit to your account.

Enrichment Allowance

The goal of the enrichment allowance is to support children in activities that may not otherwise be available to them, and that will enhance their skills, interests, and development. Foster parents may request and spend enrichment money for the following activities:

- Academic/School Related – for example, books, subscriptions, tutoring school trips, motor/visual stimulation toys for infants/toddlers.
- Sports Related – for example, sports equipment, team membership fees, uniforms, shoes, helmets.
- Recreational/Social – for example, membership in scouts, brownies, and other clubs/associations.
- Cultural/Spiritual – for example, theater arts, religious education, events, celebrations.
- Talent/Skills Development – for example, musical instruments, lessons in music, photography, judo, karate, gymnastics.

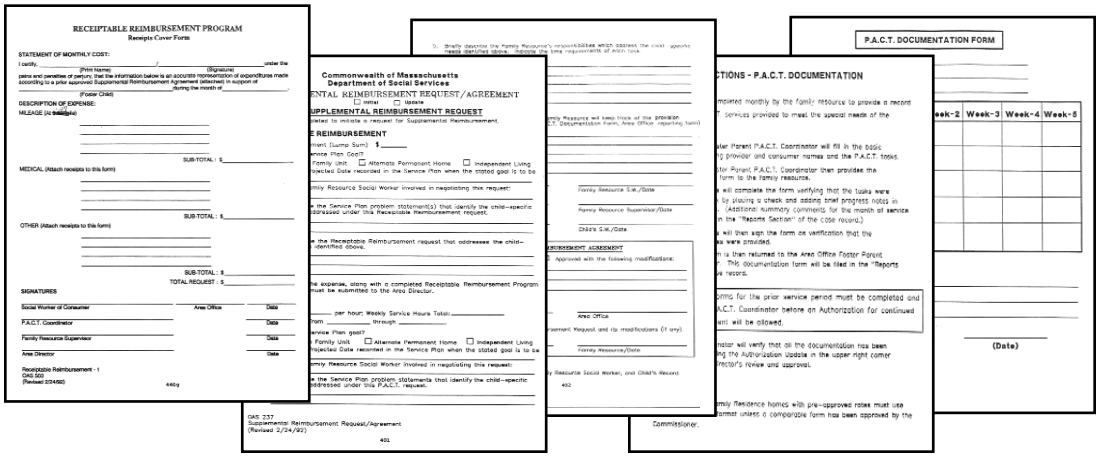
This is a new program. Requests from July 1, 2000 may be submitted by foster parents and /or Social Workers for the above activity etc., for no amount larger than $100.00. More than one request may be made per year, but the total requested for that year cannot exceed $100.00. Requests may be submitted for a child only after he/she has been in the DSS foster home for six weeks. There is no age limit. All children in DSS care are eligible for this allowance.

Upon approval by the Social Worker, Supervisor, and AAM, the allowance payment will be sent to the foster parent within a matter of days.

Supplemental Reimbursement Policy

It is the goal of the Department of Social Services to provide planned, quality care and services to children in foster care. Given the variety of special needs of children in foster care, the Department has a system of compensation for the exceptional services that foster families may incur and the specialized services they may need to provide in addition to the delivery of basic care and supervision. Supplemental Reimbursement includes two distinct categories of payment:

■ **Receiptable Reimbursement Program –** The Receiptable Reimbursement Program is designed as a receipt-based system which compensates foster families for exceptional and essential out of pocket costs they incur in the process of meeting a child's identified Service Plan needs. All requests for Receiptable Reimbursement must be approved by the Area Director and documented on the required forms.



■ **P.A.C.T. (Parents and Children Together) –** Foster families who provide planned, specialized services designed to address identified needs and defined goals in the child's Service Plan, may be approved for reimbursement at the standard hourly rate of $7.50. P.A.C.T. is limited to a specific number of hours per week determined by the child's Social Worker, Family Resource worker, the Area Office Program Manager, and the foster/adoptive family.

The Supplemental Reimbursement Request/Agreement – developed by the P.A.C.T. Team, will identify the child's service needs as defined in the service plan problem statement. It will describe how the specialized services to be provided by the foster family, according to the established P.A.C.T. standards, will facilitate the achievement of the service plan goal. All P.A.C.T. requests must be approved by the Area Director. The P.A.C.T. Standards for Reimbursement are located on page 48. in section five.

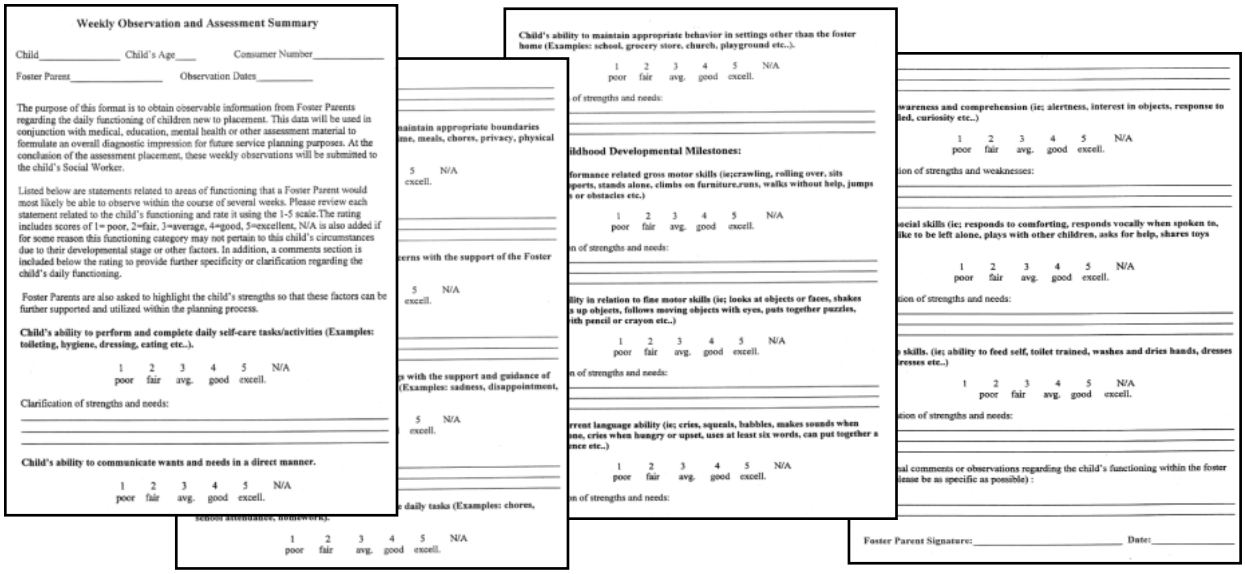
Foster Parent Observation and Assessment

When a child has been placed in your home, your Family Resource Worker and the child's Social Worker, will both visit you to provide information, support, and to answer any questions you may have. They will also help you locate any additional supportive services you may need for your foster child. If the child's placement was a result of court action, the child will also have an attorney who will contact you.

Soon after a child enters placement, there will be a review held by the Area Program Manager to discuss the child's adjustment to placement and any changes needed in the Service Plan. You will be asked to give information about the child's behavior at this review. Use this Behavioral Observation checklist (right) to help you monitor the child's behavior so that you can give specific information to the child's Social Worker and therapist, and so that you will be prepared for the review.

In addition, the Weekly Observation and Assessment Summary (below) will help you further clarify and rate the child's adjustment in several areas.

Using these checklists will help you prepare for the placement review and identify areas in which the child is showing improvement or increased difficulties as the placement progresses. Specific information about the child's adjustment will help the social worker and therapist continue to plan for the child's needs and alert them to potential problems as soon as they begin to develop.



Weekly Observation and Assessment Summary

Child_____ Child's Age____ Consumer Number_____

Foster Parent_____ Observation Dates_____

The purpose of this format is to obtain observable information from Foster Parents regarding the daily functioning of children new to placement. This data will be used in conjunction with medical, education, mental health or other assessment material to formulate an overall diagnostic impression for future service planning purposes. At the conclusion of the assessment placement, these weekly observations will be submitted to the child's Social Worker.

Listed below are statements related to areas of functioning that a Foster Parent would most likely be able to observe within the course of several weeks. Please review each statement related to the child's functioning and rate it using the 1-5 scale.The rating includes scores of 1= poor, 2=fair, 3=average, 4=good, 5=excellent, N/A is also added if for some reason this functioning category may not pertain to this child's circumstances due to their developmental stage or other factors. In addition, a comments section is included below the rating to provide further specificity or clarification regarding the child's daily functioning.

Foster Parents are also asked to highlight the child's strengths so that these factors can be further supported and utilized within the planning process.

Child's ability to perform and complete daily self-care tasks/activities (Examples: toileting, hygiene, dressing, eating etc..).

1 2 3 4 5 N/A
poor fair avg. good excell.

Clarification of strengths and needs:

Child's ability to communicate wants and needs in a direct manner.

1 2 3 4 5 N/A
poor fair avg. good excell.

Child's ability to maintain appropriate behavior in settings other than the foster home (Examples: school, grocery store, church, playground etc..).

1 2 3 4 5 N/A
poor fair avg. good excell.

of strengths and needs:

ildhood Developmental Milestones:

formance related gross motor skills (ie;crawling, rolling over, sits sports, stands alone, climbs on furniture,runs, walks without help, jumps s or obstacles etc.)

1 2 3 4 5 N/A
poor fair avg. good excell.

n of strengths and needs:

lity in relation to fine motor skills (ie; looks at objects or faces, shakes s up objects, follows moving objects with eyes, puts together puzzles, ith pencil or crayon etc..)

1 2 3 4 5 N/A
poor fair avg. good excell.

n of strengths and needs:

rrent language ability (ie; cries, squeals, babbles, makes sounds when one, cries when hungry or upset, uses at least six words, can put together a nce etc..)

1 2 3 4 5 N/A
poor fair avg. good excell.

n of strengths and needs:

wareness and comprehension (ie; alertness, interest in objects, response to led, curiosity etc..)

1 2 3 4 5 N/A
poor fair avg. good excell.

ion of strengths and weaknesses:

ocial skills (ie; responds to comforting, responds vocally when spoken to, ike to be left alone, plays with other children, asks for help, shares toys

1 2 3 4 5 N/A
poor fair avg. good excell.

ion of strengths and needs:

skills. (ie; ability to feed self, toilet trained, washes and dries hands, dresses resses etc..)

1 2 3 4 5 N/A
poor fair avg. good excell.

ion of strengths and needs:

al comments or observations regarding the child's functioning within the foster lease be as specific as possible) :

Foster Parent Signature:_____ Date:_____

Behavioral Observation Checklist

The following outline may also be helpful in monitoring behavior. All information that you gather is very helpful to the job of the Social Worker and should be shared with them on their visits. At the time of the six week review, your child's Social Worker will be looking for some or all of the following information.

Do you observe any of the following behaviors?

Physical Health

_____ sight/hearing problems
_____ breathing/respiratory problems
_____ bruises, burns
_____ bowel difficulties
_____ menstrual or vaginal problems
_____ urinary difficulties
____ contagious diseases
_____ other, explain:

Intellectual

_____ inability to understand consequences of behavior
_____ inability to concentrate in play or school
_____ short attention span
_____ not functioning at age appropriate level or grade level
_____ other, explain:

Emotional

_____ depression
_____ stealing
_____ lying
_____ bedwetting/soiling
_____ self-inflicted injury
_____ overeating, not eating
_____ denial of feelings
_____ inability to follow orders
_____ sleep disorders/nightmares
_____ use of drugs/alcohol
_____ other, explain:

Social

_____ injury to other children
_____ constant fighting
_____ sexual play with other children
_____ sexually provocative behavior with adults
_____ poor hygiene
_____ other, explain:

Relationship to birth family

In what ways does the child show attachment to the birth family?

_____ talk about things they have done together
_____ wonder how they are, where they are
_____ compare foster/adoptive family to birth family
_____ other, explain:

In what ways does the child show angry or sad feelings about his/her birth family?

_____ disinterest in visits
_____ refusal to visit
_____ upset when parents make promises they don't keep
_____ talks about bad experiences at home
_____ other, explain:

Visits with birth family - how do they go well

_____ parent interacts with child appropriate to child's age
_____ parents and child happy or relieved to see each other
_____ parents and child seem sad when visit is over
_____ other, explain

Visits with birth family - how do they NOT go well

_____ disinterest on part of parent or child
_____ parents can't cope with the child's behavior
_____ child seems fearful of parents
_____ other, explain:

Describe the child's behaviors following visits with birth family to your Social Worker. Use your time with the child's Social Worker to present a clear picture of the child's behaviors on a daily basis so that you can implement any necessary behavioral strategies and obtain necessary support and treatment Your opinion is valuable and important.

Problem Solving Strategies

There may be problems as the child adjusts to your home and family, a new neighborhood, and often a new school.

The following tips may be helpful in dealing with problematic behavior:

- **Setting Priorities –** You cannot change all difficult behaviors at once. Decide what bothers you most. Why does it bother me? Is it dangerous, destructive, or illegal? What are the long-range consequences? Is it part of normal development? Does the behavior conflict with the family's value system or cause unusual stress?

- **Specify the behavior to be changed –** You may work with the child's Social Worker and/or therapist in deciding the most crucial behavior to work on. Perhaps some behavior modification techniques will help.

- **Assess the reason for the behavior –** Is it a reaction to separation, trauma, or conflicting loyalties between you and the birth parents? Behavior may have been learned by the child as a means of coping or surviving. When the child begins to feel secure, he may be able to stop some of these protective behaviors that are no longer needed and allow for others to emerge. Behavior may be a lag in development, or regression to an earlier stage. Behavior may be part of a learned pattern for interaction that existed in the child's biological family.

- **Set and clarify the rules** – Are expectations clear? Does the child understand the consequences of behavior? Are rules specific? Do they include choices or alternatives, consequences or rewards? Are they positive in tone?

- **Change the situation –** Give the child more attention. In many instances giving more attention and changing schedules or routines, may alleviate problems. Advance planning may diffuse tension during transition from one activity to another.

- **Carrying through –** The Social Worker and foster parent need to determine if rules and expectations for behavior are reasonable for a particular child and, if so, decide how the behavior will be monitored, rewarded or discouraged.

- **Is professional intervention indicated?–** If behavior cannot be dealt with through the combination of foster parent training, behavior management and/or casework support, professional therapy may be indicated. The worker assists foster parents in locating the most appropriate type of treatment and will usually initiate the referral.

What if . . .

- **I need to file a report of child abuse or neglect –** During regular working hours you should call your area office. After working hours and on weekends and holidays call the Hotline at **1-800-792-5200.** The Hotline takes reports of child abuse and neglect.

- **My foster child ran away and I don't know where he or she is –** If it is during the day, call your area office and speak to the child's Social Worker or Supervisor. After hours and on the weekends, call the Hotline 1-800-792-5200 to let them know what has happened. In Worcester County call Kid's Net Connection at **1-800-486-3730.** You will be asked for the child's name, age, DSS Social Worker, and the location of that Social Worker's office. The Hotline records the information and sends it by electronic mail to the appropriate office on the next DSS workday. Remember that you should also speak with the Social Worker or his or her Supervisor on the next DSS workday. The Hotline may ask you to file a missing person's report with your local police department.

■ **My foster child has run away and I know where he/she has run –** If it is during the day, call your area office and speak to the child's Social Worker or Supervisor who will determine if it is okay for the foster child to remain where he or she is. If it is after hours you can call the **Kid's Net Connection/Helpline 1-800-486-3730,** and they will help you with further planning. They may call the Hotline. Keep in mind that a Hotline decision is a temporary one; the assigned DSS Social Worker will work with you on the long-term plan for the child.

■ **My foster child is out of control –** If a foster child is physically out of control to the point where someone is likely to get hurt, the best thing to do is to call the police. Police respond rapidly and are trained to handle calls when somebody is being hurt. Also, call the **Child at Risk Hotline 1-800-792-5200** to report the need for the police to come to your home, and the Screener will work through the incident with you.

If a child has been assaultive but has quieted down, the question that the Hotline screener and you need to answer is: "Can the child and my family be safe until the DSS office opens?" The Hotline screener does not know you, your family or your foster child. Physical safety for all is the priority. If everyone's safety can be assured, then a child will not be moved in the middle of the night or on a weekend. It's best if the DSS Social Worker who knows the child takes care of any move of the child from your home.

■ **My foster child's parents are at my door and want to take the child now –** You have the right to keep the door shut. You have the right to call the police if there is any threat to you, your family or your property. The child's parent should not come to your home without an invitation. If the parents call your home and say that they are on the way to get the child, remind them that you cannot hand the child over to them. You may also want to say that you want to avoid doing anything that would upset the child. You can say to the parent that you don't want to have to call the police. You should call the **Kids Net Connection/Helpline 1-800-486-3730** as soon as you are able and a screener will assist you further.

■ **I've got a medical emergency on my hands – CALL 911.** No one has to sign for permission to treat in an emergency. Massachusetts General Laws, Chapter 112, Section 12F states that no parent's or guardian's consent is required if a delay in treatment "will endanger the life, limb, or mental well-being of the patient." The child's DSS Social Worker can work with you to determine exactly who can give permission when there are non-emergency situations.

■ **My foster child is drunk or high –** The first question to be answered is: " Is he or she in any danger?" If you believe that whatever the child has taken will cause an immediate threat to the child's health, the child needs to be taken to a hospital emergency room. Should you take the child in your car or call an ambulance? Our best advice is for you to call an ambulance if there is the smallest chance that the child, or you, may suffer injury if you drive to the hospital. If the child is not at physical risk from taking drugs or alcohol, don't try to discuss the situation with the child until he or she is sober. This is not a Hotline situation unless you feel that your family is not safe. You may wish to consult with the Kids Net Connection/ Helpline. Always remember to call the police if there is risk of physical harm to anyone.

■ **My foster child is threatening to commit suicide –** Any child who is threatening physical harm to her/himself or others needs to be taken seriously. Remember that suicidal feelings can be expressed in a variety of ways. Most people, especially teenagers, do not come out and announce that they will try to hurt themselves. Adolescents often will become more withdrawn from the family and friends, and have typical signs of depression (always staying in bed, refusing to speak much with anyone). Children who are considering hurting themselves may give additional hints:

- Giving away prized possessions
- Making it a point to say good-bye to important people
- Engaging in very dangerous or destructive behavior
- Talking about joining a deceased loved one
- Concentrating on death
- Expressing feelings of helplessness and hopelessness, and not wanting to live
- Reduced/increased appetite

Some children may act out suicidal behavior e.g., overdosing on aspirin, alcohol, etc. Take the child seriously. These children most often don't want to die "permanently" or "forever." They want help to deal with and end their pain.

At the first of any of these signs, call your child's therapist, Social Worker or Supervisor if it is during business hours. Call the Hotline if the office is closed. They may contact or refer you to the Massachusetts Behavioral Health Partnership Access Line 1-800-495-0086. You can call this number when there is any type of mental health emergency. Press #1 immediately, and you will be connected directly with one of the staff clinicians. If the child is threatening immediate harm, call the police and have the child taken to a hospital to be evaluated.

Visitation

During the time a child is in placement, the Social Worker's efforts are directed toward achieving permanency for the child, preferably by reunifying the child with his/her family. Contacts between the family and the child's Social Worker, and the child's visitation with her/his family are vital to the process of identifying and implementing a permanent plan for the child.

The following policy establishes a minimum standard for frequency of contacts and visitation. The actual schedule of contacts and visitation will vary from case to case and, in many cases, may be more frequent than the required minimum standard. For example, the child's Social Worker and Supervisor may consider more frequent child-family visitation taking into account the age of the child and the projected date for the child's return home (or other permanent placement).

It is the policy of the Department that the Social Worker arranges and documents in the family's Service Plan, a schedule of child-family visitation for all children in placement in accordance with the child(ren)'s parents.

The schedule of child-family visitation should, in most cases, provide the opportunity for contact between the child and the parents to occur as frequently as once a week or once every other week. In no case should child-family contact be less frequent than once a month except in some situations where parental rights have been terminated. The visitation schedule also should include contact with the child's sibling(s), if possible and appropriate. If the parents are separated or divorced, both parents should be offered the opportunity for at least monthly contact with the child unless a court has entered orders to the contrary.

It is the responsibility of the foster parents to assist with visitation and to be supportive of the child's contacts with his/her parents. This role is sometimes difficult for the foster parent, especially when the child may seem upset after visits or act out when returning to the foster home. This does not mean that visitation should not occur. The connection between the parent and child needs to be maintained to assist the child in adjusting to the trauma of placement and separation.

Preventing Disruption

Disruption in a foster/adoptive placement is traumatic to all involved. Careful preparation prior to accepting a foster child is crucial in preventing disruption. This includes: pre-service training, an appropriate match of a child with your family and getting complete information on each child to be placed. Once a child is in your home, behavior management becomes the focus for helping a child adjust, grow and remain with your family until a permanent plan is realized. Keep a journal. A daily, brief, written observation of the child's behaviors and needs can help in charting regression and progress. At the first signs of disruptive behaviors/indicators, call your child's Social Worker, the school, and any other collaterals to get their observations. We have stressed getting help, and getting it early. Don't wait until the child is distressed and you are exhausted. Review these tips on getting help:

- **Seek strength in numbers –** Contact your Social Worker, other foster/adoptive parents who have had similar problems, mental health resources, school counselors and/or foster/adoptive parent self help groups.

- **Sort out the facts –** What you are experiencing might be a "normal" kid problem. Talk to friends and your Social Worker about what is expected behavior for adolescents or toddlers in order to gain information and support, not to complain about your child.

- **Look for patterns –** Take another look at the child's family background and placement history to determine the basis for the current problem.

- **Keep a log of the major occurrences –** This will be especially helpful when you talk with the child's Social Worker or other professionals. It is hard to remember when something happened, how often, with what intensity, etc. Write it down.

- **Assess first, act second –** It is easy to under-estimate or over-estimate the severity of a situation when actions are hasty. If danger is not imminent, assess the problem and consequences first.

- **Use effective helpers –** Only use therapists with expertise in family dynamics and a specialty in foster care or adoption issues.

- **Be the parent –** Be assertive, when necessary, to obtain resources, demand assistance, and advocate for the child and your family.

Using your skills, strengths, and supports to analyze a problem and plan an intervention is a process for fixing the responses to behavior, rather than fixing the child. "If I change my response to behaviors, the behavior will change." Instead of viewing the child as the problem, look at the behaviors. However, some behaviors have their roots in psychiatric disorders and are not responsive to this change process. When you have questions about behavior you need to talk openly with the child's Social Worker and request a psychological or psychiatric consultation. Don't blame the child or yourself – get information and help right away!

If all attempts to support and strengthen the placement are unsuccessful, your Family Resource Worker and the child's Social Worker will make arrangements to transition the child to another placement. Your support throughout this process is critical in helping the child make the necessary adjustments so that he/she can move in the least disruptive way. For DSS policy regarding Disruption, see Legal Information**.** (See page 36 in Section Four)

Getting support when a child leaves your home

Foster parents are asked to welcome a child into their home, to treat them as their own, to love them, advocate for them, and then to help the child move back to his/her parents or to a permanent home. When the actual time comes, foster parents' feelings of loss are often not given enough attention during and after the transition process.

Loving and letting go are very real parts of foster parenting. Foster parents need to learn to do so in the most healthy way. Saying good-bye, taking and keeping pictures, developing family rituals, a special family dinner prior to the child leaving, are all ways of acknowledging loss and sadness while giving permission to move on. What would help your family the most? Focus on everyone's needs at this difficult time.

It is necessary to acknowledge these feelings of grief and loss. Expressing feelings of loss is neither a sign of weakness nor an indication of inadequacy as a foster parent. Foster parents can become very attached to children in their home. They may also have ambivalent feelings when a child leaves who was very difficult to parent or with whom they were unable to establish a positive relationship. Exploring your feelings at the end of a placement is a necessary part of preparing to accept another placement.

Seek support from other foster parents. You may be angry and feel it is too soon for a child to go home. You may be fearful of the parenting that the child will receive. Talk about these concerns with your child's Social Worker, your Family Resource Worker, and with members of your foster parent support group. If you do not belong to a support group – join one. Sometimes foster parenting is a difficult experience and you need one another to share your sadness and failure, as well as your success and happiness.

Loving and letting go are very real parts of foster parenting.

Section 2

Support

DSS Family Resource Worker

Every DSS foster parent has an assigned Family Resource Worker. This worker will be visiting you bi-monthly and will know you, your family, your home, and any children placed with you. Your Family Resource Worker is there to provide support, encouragement, and advocacy for you when needed.

DSS Area Foster Parent Support Groups

On a regular basis, usually monthly, most area offices run a Foster Parent Support Group. It is extremely helpful for Foster Parents to get together to share experiences, problem solve, and develop a strong support system with each other. Frequently guest speakers and training on topics requested by the Foster Parents are provided at these meetings.

Newsletter: Caring for Kids

This is the Department of Social Services newsletter published four times a year. It is distributed to all foster/adoptive parents and DSS staff throughout the state. **Caring for Kids** is a training and resource newsletter that also provides current information on what is happening in the Department.

Annual Foster/Adoptive Parent Recognition Event

Every year, the Department and Kid's Net host this recognition event. It is a time to celebrate and honor foster/adoptive parents selected by their area office for their tremendous dedication and commitment to the children of the Commonwealth. This is a special event to recognize those foster/adoptive parents whose contribution to children has been truly extraordinary.

Kid's Net

The Kid's Net-MSPCC Program works in partnership with foster, kinship, and adoptive families and the Department of Social Services to advocate for and support parents caring for children who have suffered major trauma and loss and cannot live at home. Each region has a Kid's Net Program Director and Program Assistant who are available Monday through Friday from 9a.m. to 5p.m. to assist foster families with various support services. All DSS foster parents receive Kid's Net mailings at least three times each year which contain detailed information on scheduled training, support services (how to access these services), and upcoming foster parent events. **Visit Kid's Net on the internet at www.mspcc.org/kidsnet.**

Kid's Net Services

■ **Kid's Net Connection/Helpline: 1-800- 486-3730 –** The Kid's Net Connection is a helpline available from 5p.m. to 9a.m. on weekdays and 24 hours per day on weekends and Holidays. It will connect you with an experienced staff member who will provide information and support services to you and your family. Call the Kid's Net Connection for help with:

– an acting out child
– a child who was not returned from a visit with the birth family
– an escalating conflict within the family
– trouble finding emergency numbers
– an unexpected visit from a birth parent
– any additional questions you have or support you need when DSS is closed

■ **Respite –** Family respite is a planned time-out or vacation for DSS foster and pre-adoptive families. Under certain circumstances (e.g., death of a family member), even families with less than six months service may be eligible for respite care with the approval of the DSS Family Resource Worker and the Kid's Net Regional Director. Families can receive up to ten days of paid respite per home each year. Paid respite means that the family providing the respite will be paid at the basic foster care rate while the foster or pre-adoptive family continues to receive their regular reimbursement. Respite can be provided by another foster or pre-adoptive home, or a friend or relative of the foster family, who is approved to provide respite. If the family requesting respite has not identified a provider, Kid's Net and DSS will attempt to identify another foster or pre-adoptive family for them. Respite by foster or pre-adoptive families will be provided in the respite home.

Due to the limited number of homes available to provide respite, families are encouraged to identify a friend or relative who is willing to provide respite and to go through an approval process. If they are only willing to complete a limited evaluation (including a CORI check) respite must be provided in the home of the foster or pre-adoptive family.

All respite placements must be approved by DSS and the Kid's Net Program Director four weeks in advance. Requests for family emergencies will be accommodated whenever possible.

■ **Family Resource Liaisons (FRL) –** A "FRL" is a foster/adoptive/kinship parent representing the foster parents from their DSS area office. FRLs are the local "natural leaders" and offer their experience and expertise. As understanding and sensitive listeners, they provide support and mentoring to families caring for DSS children. FRLs maintain a close connection with their Area Director and Family Resource Staff as well as their Kid's Net Regional Director in order to effectively mediate and advocate for foster parents experiencing difficulties. They are also an important source of information regarding training opportunities, respite options, membership services, legislative initiatives, and community services. Call the Regional Kid's Net office to contact your FRL.

■ **Massachusetts Alliance for Families –** Foster, adoptive, kinship and guardianship parents have formed an association with the goals of: providing mutual support; educating the general public about the contributions of foster, adoptive, kinship and guardianship parents; advocating for appropriate public policies and needed resources; communicating with the membership about issues of interest to them; providing professional development opportunities and other benefits and services to members; and working in partnership with DSS and Kid's Net to improve the system of care for children in DSS custody. Each Region has a Regional Chapter which works on the local level and elects representatives to the statewide steering committee. The steering committee represents the membership on the Kid's Net State Council. All foster, adoptive, kinship and guardianship parents as well as anyone interested in the foster care system are invited to become a member.

■ **The Kid's Net State Council –** The Council is a committee in conjunction with the Massachusetts Alliance for Families, DSS staff and various community partners. The objective of the Kid's Net State Council is to provide leadership in order to enhance the status of foster parents, to address policy issues, and to advocate for needed resources. The Kid's Net Newsletter, "The Village Exchange," provides the foster care community with information, about foster/adoptive care issues, educational opportunities, and other helpful information.

■ **Campership Program –** Kid's Net has limited funding to provide camperships (normally two weeks of day camp) to foster children living in DSS foster/kinship/pre-adoptive homes. Funding is approved on a first come first served basis. Parents should contact the Regional Kid's Net Program Director in early spring to begin the process of identifying and contracting a camp.

■ **Short Term Child Care –** Planned, short term, day and evening child care is available for foster and pre-adoptive families. Child care is available for foster parents to attend foster care related business or to meet other needs that impact the overall stability of the family. Biological and adopted children may be included in the child care arrangements. Child care is provided by qualified family child care providers in locations throughout the state under contract with Kid's Net. Child care requests should be directed to the Kid's Net Program Director. As much advance notice as possible is requested.

■ **Training –** Ten hours of training each year are required to meet the licensing standards for all un-restricted foster homes in the Commonwealth. Kinship and child specific families are strongly encouraged to participate in training opportunities. Kid's Net provides training ranging from dealing with behavioral issues, health and safety concerns, to navigating through the child welfare system. You should receive a schedule from Kid's Net informing you of the dates and times of the training available in your area. If your training needs are such that you wish to consider alternatives, you must discuss this with your Family Resource Worker first.

■ **CPR –** Kid's Net offers several regional opportunities for you to attend courses in CPR and First Aid. Call your Kid's Net Regional Director for a schedule of these trainings.

■ **Call the following numbers** to reach your Kid's Net Regional Director:

- Boston: 617-983-5800
- Southeast: 508-586-2660
- Metro: 508-872-8827
- Northeast: 978-682-9222
- West: 413-734-4978
- Worcester: 508-753-2967

Recreation Departments

Local recreation departments can be a very helpful resource, especially during summer vacation time. At no cost, or for minimal fees, there are organized activities for different age groups. These programs differ greatly from town to town, but it is worth a phone call to determine what is offered. (Call your town hall or local Chamber of Commerce)

P.A.L. Payment Assistance Line

The PAL line is available to assist you with payment questions or problems. **617-748-2442 or 800-632-8218.**

School lunch programs

Foster children are eligible to participate in school lunch programs. Foster parents need to complete the application forms that are sent home with the child at the beginning of the school year or request information at the time of school enrollment.

Adolescent Support

PAYA – Preparing Adolescents for Young Adulthood

To ensure continuity in the life skills training provided to the youth in agency care, the Department has mandated in the Standards for Independent Living that all programs must utilize the PAYA (Preparing Adolescents for Young Adulthood) curriculum. The components of the PAYA curriculum include 5 skills modules, each of which incorporates a number of related skill areas as described below:

Module 1: Money, Home and Food Management
Module 2: Personal Care, Health, Safety and Decision Making
Module 3: Education, Job Seeking and Job Maintenance
Module 4: Housing, Transportation, Community Resources, Laws and Recreation
Module 5: Young Parents Guide – Sexuality, Reproduction, Decision-Making, Pre-Natal Care, Pregnancy, Child Development, Child Safety, Physical Care, Education and Career Planning and Housing

The PAYA curriculum is available to youth starting at age 14, and instruction in each or all of the five modules can be given by PAYA trained staff and foster parents.

Teen Peer Line

Resulting from a recommendation by the Youth Advisory Board, the Teen Peer Line began operation in September, l996. The purpose of the line is to provide youth in care with a support line to call other youth about their questions, feelings, and to receive information and support. Youth can call the 800 number any day of the week from 9a.m. to 5p.m., and they can also leave a message after hours. **The Teen Peer Line Number is 1-800-238-7868.**

The Wave Newsletter

The DSS adolescent newsletter, **The Wave,** is written by and for DSS youth. Teenagers in DSS care can submit stories, poems and personal thoughts. If their work is published, they will receive a $50 bonus. By sharing life experiences with others, teens can learn from one another. **The Wave** is also a great way youth can participate in activities such as conferences, education fairs, peer support groups and more. Teenagers can subscribe to the newsletter and/or submit their work by writing to the DSS Adolescent Services Unit, 24 Farnsworth Street, Boston, MA 02210, attention "The Wave."

Teen Summer Employment Program

Here's a chance for highly motivated youth who are invested in their education to gain some real life experience. Businesses and community-based organizations around the state hire our teens for entry-level summer career positions. The employment program includes a training curriculum and ongoing support by DSS staff. Each adolescent is matched with an employer based on his/her needs and interests. Youth must be at least 16 and willing to learn. The employment program may offer an incredible opportunity to gain skills while taking one more important step toward independence. For more information, call the employment coordinator at **(617) 748-2430.**

Mentoring Program

The Mentor Program is a statewide initiative that provides an opportunity for adult mentors to pass on their experiences and wisdom to youth who welcome guidance, advice, and someone who cares. Youth don't need heroes but do need adults they can rely on for positive directions. A commitment to meet with a youth at least once a month provides a mentor with the opportunity to become a very

special person who may help shape a young person's life. If you would like to request the services of a mentor for your adolescent ask your Social Worker to call **the Adolescent Services Unit at 617 748-2232.**

Tuition Waiver Program

On June 20, 2000 the Massachusetts Board of Higher Education voted to enact the tuition waivers proposed by Governor Cellucci and Lt. Governor Swift. The academic year begins in September. The Board of Higher Education and the Department have cooperated to implement this benefit as quickly as possible. The tuition waiver program for individuals who have been in the care of the Department of Social Services will be administered through the Board of Higher Education. The Department of Social Services will provide the certification of eligibility for the waiver program.

Adoption tuition waivers are available to individuals who were in the custody of the Department and were adopted by a resident of Massachusetts, or were adopted by a state employee. Individuals who were in the care of the Department for 12 consecutive months under a Care and Protection petition, and who were not adopted or returned home are also eligible for the waiver. This benefit is available to eligible individuals until they reach their 25th birthday.

The waiver will cover tuition for state supported undergraduate and certificate programs at state and community colleges (the UMass Medical Center is not a part of the waiver program) in Massachusetts. It is important to note that while the Board of Higher Education has encouraged a 50% waiver of tuition for non-state supported courses, that decision rests with the individual schools. Evening and extension courses are generally not state supported. It is the responsibility of the individual to determine the status of each course before registering.

The waiver is contingent upon having met the criteria for entrance to the college and being accepted into the program. Having been granted a tuition waiver does not mean automatic acceptance into an educational program.

■ **Certification process for adopted children –** Any person interested in using the tuition waiver program for children who have been adopted through the Department of Social Services must submit a copy of their birth certificate and a letter requesting certification. Requests for certification should be submitted to the manager of the **Adoption Subsidy Unit, 24 Farnsworth Street, Boston, MA, 02210.**

If the person is eligible for this benefit, the Department will provide a certificate of eligibility that may be presented to any State College or University (with the exception of the UMass Medical Center) at application. The certification will be done one time for each individual. Each school or program may request a copy for their files. It is the responsibility of each individual to know the policy of the school and to provide copies of the certification as needed.

If the certification is lost or destroyed the Department will provide a replacement if a written request is submitted to the Manager of the Adoption Subsidy Unit. A copy of the child's birth certificate must accompany each request.

■ **Certification process for individuals eligible for the education benefit through foster care –** Any child who has been in the custody of the Department of Social Services for at least 12 consecutive months through a Care and Protection Petition, and was neither adopted nor returned home, will be eligible for the tuition waiver benefit.

Any person who believes that he or she may be eligible for the tuition waiver program must submit a copy of their birth certificate and a letter requesting certification. The Department may, at its

discretion, accept other forms of identification in special circumstances. Requests for certification should be submitted to the **Adolescent Services Unit, 24 Farnsworth Street, Boston, MA, 02210.**

If the person is eligible for this benefit, the Department will provide a certificate of eligibility that may be presented to any State College or University (with the exception of the U-Mass Medical Center) at registration. The certification will be done one time for each individual. Each school or program may request a copy for their files. It is the responsibility of each individual to know the policy of the school and to provide copies of the certification as needed.

If the certification is lost or destroyed the Department will provide a replacement if a written request is submitted to the Adolescent Services Unit. A copy of the child's birth certificate must accompany each request.

The Foster Child Grant Program

On January 4, 2001, a bill establishing the Foster Child Grant Program was signed into law. This program targets youth who are "aging out" of the foster care system without returning home or being adopted. The program, administered by the Board of Higher Education, is intended to act as an incentive for more foster children to attend college. Under this program, eligible students can receive up to $6,000.00 per year in grants from the state to help offset the cost of an undergraduate degree at either a state or private college or university.

Eligible foster children must meet all of the following requirements:

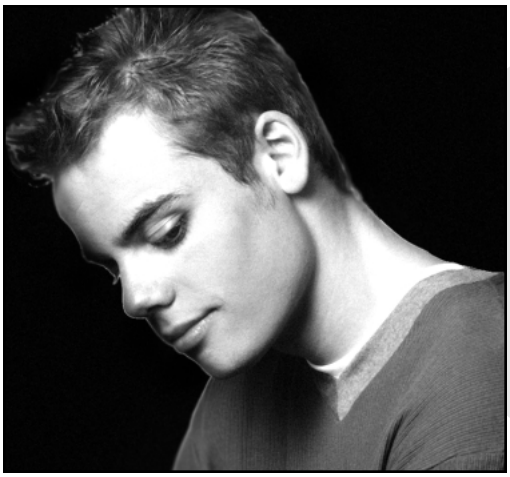
- The youth is in the custody of the Commonwealth through a Care and Protection petition at age 18, or at the time of college admission and is not returning home or being adopted.
- All other sources of financial aid have been exhausted.
- The youth has signed a voluntary agreement with the Department of Social Services establishing the terms and conditions for receiving aid.

Other restrictions may apply.

This program is combined with the tuition waiver program to help with fees, room, board, and other expenses. If a youth is also receiving the tuition waiver, it is factored into the $6,000.00 grant. For example, if tuition in $1,700 at a state college or university, then the student would receive up to an additional $4,300 in grants to meet the total of $6,000.

For additional information call the Adolescent Services Unit at 24 Farnsworth St., Boston at **617-748-2000.**

. . . eligible students can receive up to $6,000.00 per year in grants from the state to help offset the cost of an undergraduate degree at either a state or private college or university.



It is not necessary for foster care placement to end when a child reaches the age of eighteen.

Foster Children turning 18

Foster care placement does not have to end when a child reaches the age of eighteen. Few children are prepared to assume the responsibilities of adulthood at this age. To continue in the care of the Department, children eighteen and over must be in compliance with their service plan, sign a voluntary agreement with the Department, and be in a full time educational program. Some children are still in high school at this age. Others are enrolled in college or training programs. The Department's objective is to provide financial, medical, and case management support until the child's 23rd birthday as long as the child remains in school full time and meets all of the behavioral expectations of the Department.

Discharge Support Program

One of the goals of the Department of Social Services is to prepare the youth in its custody for their successful transition from agency placement to independent living in the community. To facilitate the achievement of this goal for our youth, the Adolescent Services Unit has developed a Discharge Support Program utilizing the Chafee Foster Care Independent Living Grant funds.

DSS youth age 18 to 21 who are successfully discharging from agency custody/care to independent living will now be eligible to receive assistance from the Department to pay for first and last month's rent, security deposit and/or essential household items, such as a bed, table and chairs. Given the increasing costs of housing and the fact that these youth have no family supports to depend upon, the Department has developed this program to assist eligible youth with accessing appropriate housing as part of their discharge plan. This program can also assist youth with paying for other independent living related needs as, bus passes, tools needed for work, union dues, etc.

To qualify for the housing funds, youth must meet the following eligibility criteria:

- Must be age 18-21
- Must be within 30 days of discharge to independent living
- Must be in compliance with the service plan
- Must be willing to participate in discharge planning with his/her Social Worker, outreach worker and/or DSS regional discharge specialist
- Must be employed or receiving DTA or Social Security payments, or must be willing to work with an Outreach worker to secure employment
- Must be able to afford the ongoing costs of the housing arrangement or be willing to save the percentage of income necessary to assume the housing costs after DSS payment.

Additionally, youth ages 18-21 who have aged out of the Department of Social Services prior to the implementation of this program are also eligible if they meet the above criteria and are in need of housing support.

Independent Living Support for Youth Ages 14-21

Youth who are age 14-21who have a service plan goal of independent living and/or are likely to remain in care/custody until discharge at age 18 or older are eligible to apply for funding for independent living related items that will improve their preparation for adulthood. Such items might include bus passes, school-related expenses, sports equipment/team dues, memberships to local youth organizations (Boys/Girls Clubs, YMCA/YWCA), etc.

The referral form for the Discharge Support Program is located on page 59. (This form may also be used to request funding for Independent Living Support items.) The form should be completed by the Social Worker and submitted to the **Adolescent Services Unit at 24 Farnsworth St. Boston MA 02210.**

Section 3

Health and Safety

MassHealth

All children in the care/custody of the Department of Social Services are eligible for medical, dental, and psychiatric care through MassHealth.

Medical Care

Health care screening and medical exams

■ **Initial Health Care Screening –** Based on the recommendations of the American Academy of Pediatrics, the Division of Medical Assistance and the Department of Social Services has identified additional needs for well child care services for foster children. These recommendations were developed because of the higher rates of behavioral health problems, chronic illnesses, developmental delays, poor school performance, and relatively poor health status of foster children. Many children who enter the foster care system have not received regular preventive health care services, including immunizations.

All children who enter the care or custody of the Department must have an initial health care screening within 7 calendar days after entering the care or custody of DSS. This includes children new to placement or returning to placement. (If a child has been discharged from an acute hospital to DSS care/custody, the seven-day health care screening is not required). It is the responsibility of the foster parent, with support from the child's Social Worker, to make the appointment for the initial health care screening. Whenever possible, this screening should be provided by the child's own primary care provider. If this is not possible, you should schedule and appointment with the doctor who cares for the children in your home, or at a health center. If you are having difficulty finding a physician, call the MassHealth customer service center at **1-800-841-2900.** They will provide you with a list of physicians who accept MassHealth.

The purpose of the initial health care screening is to determine: if there is an acute health care problem for which the child may need medical follow-up; to look for signs of physical abuse; and to ensure that the child has access to medical treatment for any pre-existing chronic medical conditions.

A health care screening documentation form has been developed to capture the information from the screening and is available to you from your child's Social Worker. Please take a copy with you. The physician should provide you with two copies of the completed form. Keep one with your medical passport and give the other to the child's Social Worker. Seven (7) Day Medical Screening Documentation Form on page 61 in Section Five.

■ **Complete Medical Examination –** All children who enter the care/custody of the Department must have a complete physical examination within 30 calendar days of placement. This exam is required even if the child has had a complete examination prior to entering placement.

A complete medical examination needs to include the following:

– A complete physical exam
– A nutritional assessment
– A developmental assessment
– An immunization assessment and immunization if needed
– Lab test and lead screens based on the age of the child
– A behavioral health assessment

■ **Involvement of the child's parents –** For new children just entering the care/custody of DSS, their parents have important information about their child's medical history, and when appropriate, they should continue to be involved in their child's health care. Whenever possible, parents should be informed of the scheduled medical appointment for the complete medical exam and be expected to participate in that appointment.

■ **Well Child Visits –** There is a schedule of well child visits that every foster child should have in addition to any medical appointment due to illness or for diagnostic evaluation.

■ **Sick Visits –** If a child is sick or you have any concerns about his/her medical condition, the child should be taken for medical care immediately.

Well Child Visit Schedule

Health Care Screening within seven (7) calendar days of entering the care or custody of the Dept.	To rule out life threatening conditions; communicable diseases and serious injuries or indications of physical or sexual abuse.
Documentation	Health Care Screening form should be completed by the provider during the exam. Two copies will be given to the foster parent. The foster parent will keep one and send one copy to the child's social worker.
Exceptions	Children discharged from the hospital into the care or custody of the Department are not required to have a medical screening.
Place of Screening	Ideally, the child should be taken to their personal physician for the screening, if known or accessible. The child can be taken to any medical provider who accepts MassHealth, preferably in a physician's office or clinic.

Comprehensive medical exam within 30 days of entering the care or custody of the Department	A comprehensive medical examination (EPSDT).
Content	This is a comprehensive examination that should include the following: • A complete physical exam • A nutritional assessment • A developmental assessment • An immunization assessment and immunizations if needed • Lab test and lead screens based on the age of the child • A behavioral health assessment
Documentation	The following should be brought to the examination: • The encounter form/medical passport • Any medical records/reports.

Children ages newborn to 2 years old Documentation: encounter form/medical passport	Need to be seen by a doctor at these ages: • 1 month • 2 months • 4 months • 6 months • 9 months • 1 year • 15 months • 18 months

Children ages 2 and above and all adolescents Documentation: encounter form/medical passport.	Need to be seen by a doctor annually.

Reminder: Children ages three and above should have regular dental examinations.

Universal Precautions

Universal Precautions are listed on the Child's Medical Passport that you receive when a child enters your home. All children and adults are capable of transmitting viruses and are also susceptible to infections from certain viruses and bacteria. When caring for any child in your home, the following Universal Precautions are recommended:

- **Always wash hands** thoroughly with warm water and soap immediately after having contact with blood or body fluids (saliva, urine, stool or vomitice). Regular bar soap is adequate.
- **Wash dishes in hot soapy water or in the dishwasher,** if you have one. It is not necessary to keep a high-risk child's dishes separate.
- You may **wash clothing** with other family laundry in the washing machine or by hand, using hot soapy water.
- **Do not** allow family members to share toothbrushes.
- **Avoid placing your fingers in any child's mouth.** Also, discourage other adults and children from doing this.
- Toys that have been in any child's mouth should not be shared with other children. **Wash plastic toys** that have been soiled with body fluids in hot soapy water. **Wash stuffed toys** in the washing machine or in hot soapy water.
- **Wash cloth diapers** in the washing machine or in hot soapy water. Add a small amount of bleach.
- **Place soiled diapers in a diaper pail** lined with a plastic bag. Keep these in an area where small children do not have access to them. Securely tie the bag and dispose of with other household trash.
- **Clean any surfaces containing body fluid spills with one (1) part bleach to ten (10) parts water.**
- You do not have to wear gloves for **diaper changing** unless there is diarrhea (blood may be present) or a bleeding diaper rash. Remember to wash hands before and after diapering.
- **Wear disposable latex gloves** to prevent possible exposure to blood-born viruses when cleaning body fluid spills containing blood or if your hands have cuts, abrasions, or a rash. Place the gloves and cleaning materials in a plastic bag, tie securely, and dispose of with other household trash.

When a child needs HIV testing

If a child, under the age of 14 in DSS custody, needs HIV testing, the Department has an established procedure that must be followed:

- The child's Social Worker makes a referral to the Area AIDS Monitor. The referral contains useful information that will help the board decide if the child needs testing.
- Only the Regional and Central AIDS Board can approve testing for a child. The Area AIDS Boards meet on specific dates and times as determined by their Regional Office. There is also a procedure to get emergency approval for testing if a member of the board decides that such approval is needed.

- After the AIDS Board approves testing, the Area AIDS Monitor will inform the child's Social Worker when the recommendation is returned to him/her.

- The child's Social Worker will then call you with permission for you to arrange the test. A written recommendation approving testing should also be provided to you. You can make arrangements through the child's physician, or you can make arrangements through a pediatric infectious disease clinic, if appropriate. (This is usually preferred.) Your Social Worker will help you identify the appropriate test site.

- Physicians are familiar with the DSS process for HIV testing. The recommendation form provided to you by the child's Social Worker is formal permission to test the child, and must be shown to the physician.

- The doctor will arrange for a laboratory to do the test and will provide you with a lab slip that orders the test. It may take several weeks for the test results to come back, and in some cases the test may need to be repeated.

- Approval from the Regional or Central AIDS Review Board is given once. It is not necessary to refer a child for testing again after the initial approval is given. If additional tests are necessary, simply use the initial recommendation for testing you received.

- Some providers will only disclose results to the Social Worker. Others will report results to the foster parent. You and the worker (with the help of the regional nurse) will arrange for any follow-up, and insure that test results get back to the Department.

- Adolescents age 14 and over may consent to their own testing. They also retain the right to determine who is informed of the test results. As such, an adolescent may choose to withhold the test results from DSS staff and his/her parents. Adolescents, who refuse to participate in HIV testing and may be symptomatic, may be referred by the Department to court to seek a court order authorizing HIV testing to confirm the diagnosis and obtain appropriate treatment.

Mental Health and Substance Abuse Services

The Massachusetts Behavioral Health Partnership (often called "the Partnership" or "MBHP") is the organization that manages the mental health and substance abuse services for MassHealth members. They do not directly provide the services. Their role is to make sure that anyone who qualifies gets the mental health and substance abuse services they need from the providers they manage.

If you have a child or adolescent in your home who is experiencing a serious mental health crisis, he/she is at serious risk of hurting him/herself, hurting others, or is having severe, disorganized or dangerous train of thought, you will need to have them screened for hospitalization. If you need immediate help in an emergency, dial 911. However if you need help to solve a crisis, call the Emergency Service Program for your area. If you are unsure of which program to contact, call the Massachusetts Behavioral Health Partnership Access line at 1-800-495-0086.

Types of Services Available:

- **Emergency Services –** 24 hours a day, 7 days a week, 365 days a year. Provides emergency help, assessment, and referrals for children and their families.

- **Inpatient Mental Health –** 24 hour hospital care for children at high risk of harming themselves or others.

- **Acute Residential Services –** 24 hour care in a community program that has many staff to keep children safe, but is less intensive than a hospital. This service is for children who have some risk of harming themselves or other people.

- **Crisis Stabilization –** Program that calms children at their home or a crisis center. Helps families find more services near their home. This service is for children who need short term, intensive care and may need some time away from home.

- **Partial Hospitalization –** Day program that has group and individual counseling. Also checks that medicines are working properly. Staff work with you to plan for ongoing support services. This service is for children during a crisis or after leaving the hospital. Services are provided 5 days per week.

- **Day Treatment –** Provides schoolwork, through tutoring or classes, and counseling. This service is usually allowed for two to four weeks.

- **Family Stabilization Treatment –** Intensive services in your home, including family counseling, for one to six weeks at the time of a crisis.

- **Mental Health and Substance Abuse Counseling –** Individual, group, and family counseling are provided, as well as information about the child and testing to understand his/her problem. Support can be provided for family decisions about treatment. These services are provided in a clinic, at school, at home, or in an office.

Dental Care Information

All children age three and above are required to have regular dental examinations. In addition, children entering DSS care/custody should have a dental visit within the first six months. DMA has agreed to locate dentists who will accept MassHealth. Parents can call the Foundation for Health at **1-800-841-2900** who will find a dentist in the area who will agree to participate in the program.

WIC (Women, Infants, and Child Program)

All DSS foster children under 5 are eligible for this free health and nutrition program regardless of their foster parent's income. WIC provides nutrition counseling tailored to the child's needs, checks for nutritious foods such as milk, eggs, juice, cereal and peanut butter, and referrals to other health and social service agencies. To apply call 1-800-942-1007, for the phone number of the WIC program nearest you.

Diapers

In some cases, Mass Health will provide diapers for children over the age of three with a prescription. Your area office may also have supplies available to help you and the child when there is the need for an emergency placement.

Over the counter medication

Over the counter medication will be covered by MassHealth if a physician writes a prescription for it. For example, you should not have to pay for Tylenol, cough and cold medications, shampoo for lice, etc., as long as the physician writes a prescription for the item. You will need the prescription and MassHealth card when you go to the pharmacy.

Safety Information

- **SIDS –** Since 1992, the American Academy of Pediatrics has recommended that healthy babies younger than a year be placed to sleep on their backs. Those who do so have a lower risk of Sudden Infant Death Syndrome (SIDS). This message should be given to anyone who may put the baby to sleep; babysitters, family members, friends and day care providers. In some cases there are medical reasons for babies to sleep on their stomachs. Consult your physician if you have any questions.

■ **Car Seats –** State law effective April 9, 1997, requires that children ride in a federally approved child passenger restraint until they are at least 5 years old and weigh more than 40 pounds. Violation is subject to a $25.00 fine. There are different types of restraints appropriate for the child's age, weight, and height. In general:

– Infant seats are required for children from birth to 20-22 pounds and approximately one year of age.
– Infant/toddler seats are convertible for children from birth to 40 pounds.
– Booster seats are recommended for children who weigh 40 to 60 pounds. Children who weigh more than 40 pounds but are under 5 years old must ride in a booster seat. Children 5 to 12 who also weigh more than 40 pounds must use either a booster seat or a safety belt.

There are also devices available for children with special health care needs.

Children 12 and over must continue to wear a safety belt as required by the Massachusetts Safety Belt Law. It is mandatory to follow manufacturer's instructions for exact weight and height limits. Using a car seat incorrectly may not protect the child in a crash. Check to be sure that the child is facing the right way for both weight and age. Be sure the seat belt is tightly routed through the correct path, and check the car owner's manual for your car to see if you need to use a locking clip or a tether to keep the safety seat secure. The harness straps should be in the appropriate slots for the age and size of the child, and need to fit snugly against the child's body . The safest place for all children to ride is in the back seat. Passenger side air bags can cause serious injury to children. An infant in a rear-facing seat should never be placed in the front seat of a vehicle that has a passenger air bag. If an older child must ride in the front seat, move the vehicle seat as far back from the air bag as possible and buckle the child properly.

This law applies to children riding in all types of privately owned vehicles, including taxi cabs. It is the responsibility of the child's caregiver to provide the car seat to use in a taxi cab. Drivers will be fined $25 for each unrestrained child. A police officer may stop your car if one or more children are riding unrestrained. No other reason is needed.

■ **Bicycle Helmets –** Any child 12 years of age or under operating a bicycle or being carried as a passenger on a bicycle on a public way, bike path, or any other public right-of-way must wear an approved helmet. Children under one year of age must not be transported on a bike. Helmets must meet American National Standards Institute or subsequent standards of the Snell Memorial Foundation's standard for use in bicycling or subsequent standards. Helmets must fit well and be secured by straps when the bicycle is being operated.

■ **Water Safety Information –** The following practices will help to ensure the safety of children when they are near water:

– **Never leave a very young child alone for even a moment in the vicinity of a pool, spa, bath tub, toilet or bucket of water.**
– Ensure that the adult supervising children while in a pool is familiar with CPR and is within reach of infants or toddlers.
– Enclose a pool with a 5 foot fence and self-locking gates too high for children to reach.
– Swimming activities away from home must take place where there is a lifeguard on duty.
– Children should demonstrate their level of swimming proficiency when entering the water.
– Document the child’s level of swimming proficiency in your records about the child.

Section 4

Legal Information

Legal Roles and Responsibilities

Foster parents often have legal questions related to placement and their roles and responsibilities. Please review the following information on legal issues, to help clarify any questions you may have.

DSS Care or Custody

To place a child, the Department must first have the child in custody through a court order or in care through a Voluntary Placement Agreement signed by the parent(s). When the court gives custody to the Department, it means that the Department has the right to: determine the child's place of abode, medical care and education, control visits to the child, consent to enlistment, marriages and other contracts otherwise requiring parental consent. Children in Department custody will be assigned an attorney who will represent the child.

When a parent voluntarily places a child in the care of the Department, the Department has the right to consent to routine medical care, to enroll the child in school, to control visits and to determine where the child will be placed. The parent has the right to consent to extraordinary medical care. The parent may terminate their consent to placement by giving a 3 day written notice.

Confidentiality

The foster parent is not free to disclose confidential information about the child(ren) who are placed with them to neighbors and friends. However, foster parents can provide information to court investigators who produce identification, the child's attorney, and therapists, physicians, etc., to obtain care for the child. You are encouraged to seek the support of other foster parents when looking for the answer to questions affecting your foster child. Of course, it goes without saying that foster parents should contact the Social Worker or Supervisor when questions arise about any children placed in their home. No question is too silly to be asked; if you've thought about it, ask it!

Foster Care Reviews

Every six months the child and family's Service Plan is reviewed for all children in placement at a Foster Care Review meeting. The meeting is held at the area office and involves all parties connected with the case. The following are invited to the Case Review: the parents; DSS Social Workers and Supervisors for the family; the Family Resource Worker and Supervisor; foster/adoptive parents; attorneys; therapists; children over 14; and any other professionals involved with the family. You will be

notified by mail of the scheduled date of the review. The review is chaired by a Foster Care Reviewer whose panel includes a community representative and a Supervisor or Administrator from the area office who is not involved with the case.

The focus of the review is the safety, permanence and well being of all the children in the family. Every case review is structured to answer the following questions:

- Is continued placement of the child necessary and appropriate?

- What is the level of progress towards the outcomes and completion of tasks identified in the Service Plan for the parents and children age 14 and older? What is the level of completion of tasks for the Department and the Foster/Adoptive family?

- What is the appropriate permanent goal for each child and what is the projected date for achieving the permanent goal? The goals are reunification, adoption, guardianship, living independently or long term substitute care.

- What has been the progress toward the goal identified in the written Service Plan?

- Are any additional services or activities needed to facilitate achieving the permanent goal for the children and their families?

The educational, medical, emotional, social and recreational needs of each child reviewed are discussed during the meeting. Goals can be changed and major decisions made as a result of these reviews. It is most important that foster parents attend and provide detailed, day to day information about the child's adjustment, reaction to visits, etc.

Child Care for your children can be provided by Kid's Net if necessary so that you may attend the Case Review. If you need assistance call your Regional Kid's Net Program Director as soon as possible. You should let your child's Social Worker know if there is any day that you are not available to attend a review. He/she can provide this information to the Foster Care Review Unit prior to the scheduling of the review. It is very important that you attend and participate at these Case Reviews.

ASFA – The Adoption and Safe Families Act

The Adoption and Safe Families Act of 1997 (ASFA) was a federal act passed to improve the safety of children, to support families, and to facilitate and expedite placement in adoptive and other permanent homes for children who need them. The provisions of the law require permanency planning for children in foster/adoptive homes. The intention of ASFA is to provide safety and permanence according to a child's sense of time. Waiting even a short time to go home, or to know who he or she will be going home to, seems like an eternity to a child. The expectations of ASFA reflect the child's sense of urgency which constantly guide and compel us toward outcome-oriented planning and timely decision-making for all children in care.

Important Provisions of the Law

- The child's health and safety are a paramount concern. DSS must make reasonable efforts to preserve families before children can be placed in care and must make reasonable efforts to return the child home, but the safety of the child must be considered.

- Permanency planning must begin as soon as a child enters foster care. A permanency hearing is held on all children in DSS placement within 12 months of the date the child entered foster care and annually as long as the child remains in placement. At the hearing, a permanent plan is determined. The plan may be reunification, adoption, guardianship, or other permanent living arrangement. If the child's goal is adoption or guardianship, DSS must take reasonable steps to implement this goal by placing children with their permanent family as quickly as possible.

■ Time frames are reduced for parents to solve the problems that resulted in their children's placement. DSS is now required to seek termination of parental rights (TPR), when a child has been in placement 15 of the previous 22 months, unless it can be shown that the child is living with a relative, the agency has not provided the family with the services that would allow the child to return home, or there is a compelling documented reason why it would not be in the best interests of the child to initiate a petition for TPR.

■ Under certain limited circumstances, DSS is not required to reunify families, and can immediately proceed with termination.

■ Foster/adoptive parents including relative caregivers have a right to notice and the opportunity to be heard by the court regarding the children in their care. The new law requires notification of foster/adoptive parents and relative caregivers of permanency hearings and trials involving the child.

Court Appearances for Foster Parents

Foster parents often have children in their homes who are involved with the justice system. There are several types of court action regarding children:

■ **Care and Custody –** A Care and Protection petition or other custody hearing may be filed in a Juvenile, District, or Probate Court.

■ **Delinquencies –** Children will have to go to court when criminal charges have been filed against them.

■ **CHINS – (Child In Need of Services)** CHINS petitions are filed by a biological parent, police officer, or truancy officer when a child fails to obey the legal and reasonable commands of the parent, is a runaway, or fails to attend school.

The child's Social Worker is responsible for keeping the foster parent informed of all court proceedings involving the child. Whether a foster parent should, or is expected to, attend the court proceedings depends on the type of court action the child is involved in and the nature of the court proceeding that is scheduled. If the child must be in court, as in CHINS and delinquency cases, it is often helpful to the court if the person who provides the parenting for the child is present in court to answer the court's questions. In addition, no one can measure the value to the support provided to the child when he or she is accompanied to court by the parent, whether it is the foster parent or the birth parent. Suffice it to say that it makes a difference! The courts however, recognize that foster parents, just like birth parents, may have a job that prevents them from being in court. Foster parents are not expected to jeopardize their employment in order to be supportive of a foster child by being present in court. Foster parents need to remember that it is the Social Worker's responsibility to go to each court hearing, whether the child must be present or not.

Recent legal changes as a result of ASFA require that foster parents be given notice of permanency hearings and trials involving the child and that they be given the opportunity to be heard by the court regarding the children in their care. If a foster parent chooses to come to court, they may be subject to cross-examination. Foster parents are not considered to be a party to the proceeding.

Subpoenas

What should the foster parent do if he or she receives a subpoena? – If the subpoena is related to a child who is or has been in the foster home, the foster parent should immediately contact the Social Worker or Supervisor. It is useful to remember that a subpoena can be issued by any attorney involved in a particular case and that failure to respond to a subpoena could possibly result in the issuance of a warrant. Sometimes attorneys for parents issue subpoenas for foster parents

because they believe foster parents can provide valuable testimony about children in their care. The foster parent should contact the Social worker immediately. Never ignore a subpoena!

Mandated Reporters

Under Massachusetts law, the Department of Social Services is the state agency that receives all reports of suspected abuse or neglect of children under the age of 18. State law requires professionals whose work brings them in contact with children to notify DSS if they suspect that a child has been – or is at risk of being abused or neglected. DSS depends on reports from professionals and other concerned individuals to learn about children who may need protection. The list of people who are considered mandated reporters under the law is long. Foster/adoptive parents are considered mandated reporters in Massachusetts.

As a mandated reporter, what are my responsibilities? – Massachusetts Law requires mandated reporters to immediately make an oral report to the Department of Social Services when, in their professional capacity, they have reasonable cause to believe that a child under the age of 18 years is suffering from abuse or neglect. You should report any physical or emotional injury resulting from abuse, including sexual abuse; or any indication of neglect, including malnutrition.

A written report must be submitted to DSS within 48 hours after the oral report has been made. Please note that any mandated reporter who fails to make required oral and written reports can be punished by a fine of up to $1,000.

During the screening and investigation of a 51A report, any mandated reporter who has information which he/she believes might aid the Department in determining whether a child has been abused or neglected shall, upon request by DSS, disclose the relevant information to the Department. Under the law, mandated reporters are protected from liability in any civil or criminal action.

Who is a caretaker? – A "caretaker" can be a child's parent, step-parent, guardian, or any household member entrusted with the responsibility for a child's health or welfare. In addition, any other person entrusted with the responsibility for a child's health or welfare, both in and out of the child's home, regardless of age, is considered a caretaker. Examples may include relatives from outside the home, teachers or school staff in a school setting, workers at day care and child care centers (including babysitters), foster parents, staff at a group care facility, or persons charged with caring for children in any other comparable setting.

How are abuse and neglect defined? – Under the Department of Social Services regulations (110 CMR, section 2.00):

Abuse means: The non-accidental commission of any act by a caretaker upon a child under age 18 which causes, or creates a substantial risk of, physical or emotional injury; or constitutes a sexual offense under the laws of the Commonwealth or any sexual contact between a caretaker and a child under the care of that individual. This definition is not dependent upon location (i.e., abuse can occur while the child is in an out-of-home or in-home setting).

Neglect means: Failure by a caretaker, either deliberately or through negligence or inability, to take those actions necessary to provide a child with minimally adequate food, clothing, shelter, medical care, supervision, emotional stability and growth, or other essential care; provided, however, that such inability is not due solely to inadequate economic resources or solely to the existence of a handicapping condition. This definition is not dependent upon location (i.e., neglect can occur while the child is in an out-of-home or in-home setting).

Physical injury means – Death; or fracture of a bone, subdural hematoma, burns, impairment of any organ, and any other such nontrivial injury; or soft tissue swelling or skin bruising depending

upon such factors as the child's age, circumstances, under which the injury occurred and the number and location of bruises; or addiction to a drug or drugs at birth; or failure to thrive.

Emotional Injury means – An impairment to or disorder of the intellectual or psychological capacity of a child as evidenced by observable and substantial reduction in the child's ability to function within a normal range of performance and behavior.

How do I make a report of suspected child abuse or neglect? When must I file it? – When you suspect that a child is being abused or neglected, you should immediately telephone the DSS Area Office serving the child's residence and ask for the Protective Screening Unit. You will find a directory of DSS Area Offices within this Guide. Offices are staffed between 9a.m. and 5p.m. weekdays. To make a report at any other time, including after 5p.m. and on weekends and holidays, please call the **Child–at–Risk Hotline at: 1-800-792-5200.**

As a mandated reporter you are also required by law to mail or fax a written report to the Department within 48 hours after making the oral report. The form for filing this report can be obtained from your local DSS Area Office.

Your report should include:

- All identifying information you have about the child and parent or other caretaker, if known.
- The nature and extent of the suspected abuse or neglect, including any evidence or knowledge of prior injury, abuse, maltreatment, or neglect.
- The circumstances under which you first became aware of the child's injuries, abuse, maltreatment or neglect.
- What action, if any, has been taken thus far to treat, shelter, or otherwise assist the child.
- Any other information you believe might be helpful in establishing the cause of the injury and/or person responsible.
- Hospital personnel should take photographs of any trauma that is visible on the child and mail or deliver the photographs to DSS with the written report.

As a mandated reporter, you are required by law to also provide DSS with your name, address and telephone number. We recommend that you inform the family that you have referred them to DSS for help, but **do not** do so if you think it would increase the risk to the child. If you have any questions about whether or not to report a situation, please do not hesitate to contact your local DSS Area Office.

What happens after DSS receives a report of suspected child abuse or neglect? – There are several possibilities, depending on the allegations reported and other case specific circumstances. If the Department determines there is reasonable cause to believe that a child has been abused or neglected, a Social Worker is assigned to investigate the report. The investigation, called a 51B, includes a home visit during which the Social Worker meets and talks with the child and the caretaker. If DSS determines that the situation is an emergency, the investigation is completed within 24 hours after the report is designated as an emergency. Investigations of all other reports are completed within 10 days.

If the Department determines that there is reasonable cause to believe that an incident of abuse or neglect by a caretaker did occur, the report is supported and the Department provides the family with services to reduce the risk of harm to the child. If the report is unsupported but the family appears to be in need of services, the Department may offer the family services on a voluntary basis. DSS will notify the mandated reporter, in writing, of its decision.

Referrals to the District Attorney – It is important to note that if the Department determines a child has been sexually abused or sexually exploited, has suffered serious physical abuse or injury, or has died as a result of abuse or neglect, DSS must notify the District Attorney, who has the authority

to file criminal charges, as well as local law enforcement authorities for the county where the child resides and where the offense occurred.

Where can I obtain more information about child abuse and neglect? – You can obtain more information about child abuse and neglect by calling the **Massachusetts Department of Social Services Library at 617-748-2373.**

Foster Parents and 51A Allegations

There are few experiences more difficult for a foster parent than being reported for child abuse or neglect. Many express shock and disbelief at finding themselves under official investigation by the agency they are working with. They feel betrayed and angry that the agency appears to have turned against them. Often they fear that they will lose their respected position within the community and report feelings of inadequacy and humiliation. How could this happen to me?

Foster parents may face an increased risk of being falsely accused in a 51A allegation. Children who have experienced the insecurities of years in foster care have been hurt in ways that affect their behavior for years. Children may make a false complaint due to:

- An inability to trust the intent of the foster parent's actions.
- Lack of a sense of honesty and responsibility, i.e., many of the older children are "system smart" and will use an allegation of child abuse as a "ticket" out of the foster family when they want to avoid accepting responsibility for their actions.
- A maladaptive behavior of lying and playing on the responses of adults in an effort to control the adults.
- Deliberately trying to hurt those who offer help and trying to destroy these relationships.
- A desire for revenge for a perceived hurt.

In some cases, a birth parent of a child in placement will use an allegation to spite a foster parent toward whom they feel resentment or jealousy.

Sometimes abuse does occur in foster homes. Exceptional stress may have caused a breakdown in the family's functioning. Some foster children are extremely provocative and have an intense need to produce an abusive reaction from the foster parent. The foster parent may have received inadequate training and/or too little support to handle the stress involved in parenting. Sometimes the Department's information about the family was insufficient to rule out applicants or family members with serious problems.

What to do if a 51A is filed on your home – Call your Family Resource Worker. He/she will suggest you initiate contact with your FRL (Family Resource Liaison). Due to confidentiality, no information about abuse allegations can be given to the FRL except by you. The FRL will listen and can provide information about the investigation process and your rights. You can have someone present when you are interviewed. You can request a copy of the 51A and B. You have the right to review any and all documents in your foster parent file (subject to some restrictions based on confidentiality). You can appeal support decisions through the fair hearing process.

Helpful strategies:

- Surround your family with a supportive network. DO NOT isolate yourselves, especially from other foster families, or further stress yourself by trying to keep the allegations a secret.
- Request written information from the agency regarding your rights now that an allegation of abuse/neglect has been made.
- Begin to write a dated journal of events and communications. Keep good records.

■ Participate in a support group if there is one.

■ Insist on having input into the investigation. If you have not been interviewed or are concerned that your interview will not be accurately recorded, put into writing the information you want included in the report. Keep a copy.

■ Ask the agency to help you explain to the children what is happening and why. The children's Social Worker may be the most appropriate person to provide this help. If the children are being removed, ask to stay in contact with them. Depending on the circumstances, this may be important for the children's sake. If the agency refuses any type of communication, contact the children's attorney or Guardian ad Litem (GAL) and request assistance in making sure that each child's needs are met during this time.

■ Expect that the process will require grieving time. This is particularly true if the allegations do lead to removal of children or a loss of the fostering role. Pay attention to your emotional and physical health, and make sure you obtain support and counseling if needed.

What to expect in the screening and investigation process – All 51A reports regarding alleged abuse and neglect by foster/adoptive parents will be received by the area office which covers the area in which they reside. They will then be assigned to the DSS Special Investigations Unit for screening. The report will either be screened out, screened in as an emergency, or screened in as a non-emergency. A report is designated as an emergency when the reported condition poses a threat of immediate danger to life, health, or physical safety of the child. If the report is designated an emergency report, the Department begins an emergency response and completes the investigation within 24 hours. The first priority will be to view the child and to determine the condition of any other children residing in the same household. Investigations of all non-emergency reports are completed within 10 days.

At first contact, the investigator must give caretakers a statement of their rights. Investigations include consulting with the reporter, checking DSS files, arranging medical examinations when appropriate, making collateral contacts necessary to obtain reliable information which would corroborate or disprove the reported incident and the child's condition. The purpose of the investigation is to determine the existence, nature, extent, and cause of the reported allegations, and to determine the identity of the person(s) alleged to be responsible.

After completing the 51B investigation, the Department determines whether to support or unsupport the allegations. Supporting means that the Department has reasonable cause to believe that an incident of child abuse or neglect by a caretaker did occur. The report can be supported even when the Department is unable to identify who is responsible for the abuse or neglect.

When a report is supported or unsupported, the determination will be reported to foster/adoptive parents.

Whenever the Department supports a report where the foster parent is the alleged perpetrator, the following occurs:

– The foster home is closed to future placements.
– If a determination is reached that the foster children's physical, mental, or emotional well being is endangered, the Department will immediately remove the children from the foster home.
– If the child's well being is not immediately endangered, the children can remain in the home while the Department performs a limited reassessment of the foster parents and the foster home. The reassessment may result in a decision to allow some or all of the children to remain in the home or may result in the decision to remove the children.

Removal of a foster child

There may be a situation where despite all of your attempts to maintain a child with your family, a disruption still occurs. When foster parents are approved by the Department, they sign an Agreement Between the Massachusetts Department of Social Services and Foster/Adoptive parents. This agreement states that the foster parent will "give the Department at least 10 working days' notice if removal of the child from the foster/adoptive family is desired, except when immediate removal is necessary to ensure the life, health, or emotional well-being of the child or of foster/adoptive family household members."

If the foster parent determines that the child must be removed immediately at a time when the DSS office is closed, the Kid's Net Connection Helpline should be called. They can assess the situation, offer support and services to de-escalate the situation, and when necessary, send a worker to remove the child.

The Department has also agreed to notify your family, "in writing including the reason(s), at least ten (10) calendar days in advance of a decision to remove a child from the foster/adoptive family, except when the Area Director has determined that the child's physical, mental, or emotional well-being would be endangered by remaining in the home; and within three (3) working days after a decision is made to close the foster/adoptive home."

Liability information

The Department attempts to provide support and assistance to our foster parents. The Legal Department is frequently contacted on general issues involving liability of foster parents who are licensed or approved by the Department. These are the answers given to some of the most frequently asked questions.

1. Are foster parents personally liable if a child is injured or dies while in foster care?

Answer – No, so long as the injury to the child was not the result of gross negligence or an intentional action of the foster parent.

Under Massachusetts General Laws Chapter 258, Section 1 of the Massachusetts Tort Claims Acct, a DSS licensed or approved foster parent is considered to be a "public employee" for tort liability purposes with respect to claims against the foster parent for injuries or death made by or on behalf of a foster child, provided that the conduct of the foster parent "was not intentional, or wanton and willful, or grossly negligent."

This means that foster parents, like DSS employees, have "limited liability." They are immune from liability if a child is injured or dies while living in the foster home, and that injury or death was the result of an accident which at worst results from carelessness or ordinary negligence by the foster parent(s). If there is a settlement or a judgment in a legal proceeding relating to the child's injury or death, it will be paid by the Commonwealth and not by the foster parent.

However, a foster parent may be liable if the child's injury or death occurs because of an intentional action of the foster parent(s), or was the result of grossly negligent behavior. Examples of intentional conduct would be striking the child or locking the child in a closet. Gross negligence occurs if a foster parent engages in dangerous conduct that any reasonable person would know was likely to result in injury to a child, such as driving a car while under the influence of drugs or alcohol.

2. What happens if foster parents are sued because a foster child was injured or dies while in their care?

Answer – Under normal circumstances the foster parents will be represented by the Office of the Attorney General in the same way as other state employees. If the foster parents are sued, i.e. receive a court summons and complaint, they should immediately notify the Area Office, Regional Legal Counsel or the Office of the General Counsel. The General Counsel's Office will need to get a copy of the summons and complaint as quickly as possible. An attorney in the Office of the General Counsel will see that the summons and complaint are transmitted to the Attorney General's Office and request that the foster parent be represented by the Attorney General. (The Department will also be represented by the Attorney General.)

3. What is the process that is followed in defending a legal action against a foster parent?

Answer – The foster parent can expect that s/he will be contacted by an attorney in the Office of the General Counsel and will receive a "representation letter" to be signed and returned.

This letter explains that the Attorney General will represent the foster parent, so long as the foster parent cooperates with the Department and the Office of the Attorney General in the defense of the lawsuit, and provided that it does not appear that the injuries to the foster child were the result of intentional acts of the foster parent or the result of gross negligence. Under those situations the foster parent must find separate legal representation. The letter also explains that the foster parent is always free to hire his/her own lawyer if s/he chooses to do so.

Once the representation letter is signed, an Assistant Attorney General (AAG) will represent the foster parent and the Department in the court case. The case is also assigned to a lawyer in the Office of the General Counsel who will be the Department's liaison with the AG's office. There may be instances when the AAG or the attorney in the Office of the General Counsel will need to speak to the foster parent to get additional information about the facts of the case. The foster parent may also be required to answer written questions (interrogatories) or give oral testimony (a deposition) under oath. In each instance s/he will be contacted and will work with the Department attorney or the AAG. If the case goes to trial, the foster parent, as well as other Department witnesses, such as the child's Social Worker may be required to testify. Again, the foster parent will be represented and assisted by the AAG.

If the case is settled prior to trial or there is a trial and there is a judgment against the Department and/or the foster parent, the Commonwealth pays the money damages. The decision on whether or not to settle a case prior to trial is also one that is made by the Attorney General's Office with the approval of the Department.

4. Will the foster parents be liable if a foster child causes injuries or property damage?

Answer – No. In the case of Kerins v. Lima, 425 Mass 108 (1997), the Massachusetts Supreme Judicial Court determined that foster parents could not be held vicariously liable for damages caused by a foster child, even in situations where the child's legal parents would be held liable for their child's actions.

5. What should a foster parent do if s/he receives a letter from an insurance company or an attorney stating that s/he is liable for injuries or property damage as the result of negligence or cause by a foster child?

Answer – The letter should be forwarded to the Area Office, Regional Office or to the Office of the General Counsel. The attorney or insurance company will be notified that it is not the responsibility of the foster parent to pay damages connected with the claim and that the claim must be addressed to the Department pursuant to the procedures set out in the Massachusetts Tort Claims Act, Chapter 258.

6. What if the homeowners or automobile insurance of a foster parent would cover the damage claim?

Answer – A foster parent is not obligated to access his/her own insurance unless s/he chooses to do so. Some insurance policies cover foster children as household members and the company will honor this coverage. If the foster parent and their insurance company wish to pay a claim, they may do so, but it is the position of the Department and the Attorney General's office that to the extent that there is any liability, the claims should be pursued against the Commonwealth and not the foster parent.

7. Will the Department and the Attorney General represent foster parents who are employed by private agencies, rather than being licensed or approved by DSS?

Answer – No. The Department is only liable for the actions of foster parents whom it licenses and approves. If a foster parent is selected, trained, and employed by a private agency, than that agency is legally responsible for the actions of the foster parent.

Reimbursement to Foster Parents for damages and theft

The Department provides limited reimbursement to foster parents for excessive damage to personal property caused by a foster child residing in their home. The property damage for which DSS may reimburse a foster parent must be the result of a deliberate, malicious action by the foster child, and must exceed the amount of damage that can reasonably be expected from caring for a foster child.

Reimbursement extends to active and approved DSS foster parents, including those providing services through the Massachusetts Society for the Prevention of Cruelty to Children (MSPCC) Kid's Net Respite Program and active and approved foster parents who contract with Partnership Agencies. Foster parents providing services to DSS foster children through other contracts are not eligible for reimbursement.

DSS recommends that all foster parents acquire primary property insurance, such as homeowners' or rental insurance, to provide coverage for damage to their personal property and residence. This insurance may provide the foster parent's primary coverage for property damaged or stolen by a foster child.

Limits of Reimbursement

The Department may reimburse a foster parent for property damaged or stolen by a foster child, but will not do so in the following situations:

- Physical injuries or disabilities, and related health care expenses that a foster child causes. The Department recommends that foster parents maintain health insurance to cover their medical and health care costs for any unforeseen injuries of a medical or physical nature.
- Telephone calls made by the foster child.
- Any requests for reimbursement for damage or theft by a child whose authorization for placement in that foster home has been closed more than 48 hours prior to the incident, unless proof is submitted to substantiate that the child was responsible. An example of proof is the police apprehending the child with the stolen property.

- Damage caused by a foster child if the foster parent was negligent in supervising the foster child when the damage occurred. According to the Department's regulations and policy, the foster parent is responsible for providing "substitute parental care" to a child. Implicit in this responsibility is the requirement that the foster parent supervise or manage the foster child. When a foster parent fails to adequately supervise a foster child, who then damages property, DSS will not reimburse the foster parent for the resulting property damage.
- Requests for reimbursement must be submitted within 30 days of the incident or within 30 days of receiving a decision from the foster parent's insurance company. All requests should include verification of insurance coverage, copy of claim submitted to insurer, written decision from insurer relative to the claim including the amount of the deductible you must pay and reasons for any denial of coverage. An itemized documentation of the value of the damaged property, including either a dated purchase receipt or an appraisal statement and any available photographs and a copy of the police report that includes the name of the foster child involved in the incident are also required.
- Forms for requesting reimbursement should be requested from the Family Resource Supervisor in your Area office and returned to s/he with the documentation outlined above. Your request will be forwarded to Central Office for review and processing.

The Department calculates reimbursement amounts by applying standard depreciation rates to the verified market value of the damaged or stolen item(s).

Out of State Travel

Before making any arrangements to travel out of state you must get permission from the Social Worker. In some situations, the Social Worker will need to discuss the situation with the DSS Attorney who may be required to take the request before a judge.

Guardianship

You may be asked if you are interested in becoming a legal guardian for a child who has been in your care. The Department sponsors guardianships for children in our legal custody for whom adoption is not an appropriate goal. Children for whom guardianship is considered are often in a kinship placement and adoption is determined not to be appropriate for them. They may be older children who still have strong ties to their biological family but whose parents are unable to provide for them. Guardianship does not require termination of parental rights to the child. The child can still inherit from the parent, and the child usually retains his/her birth name. Visitation sometimes continues with birth parents, and may be formally set by the court at the time the guardianship is allowed. As a guardian you will have legal custody of the child. For the most part, you will have the same responsibilities as if you were the child's parent. You may consent to marriage, enlistment in the armed forces, admission to a hospital, getting a driver's license, etc. You arrange all medical care, including mental health services. A guardian, however, cannot commit a child to a locked facility without the court's permission.

Guardianship subsidy is allowed for most children who have been in the custody of the Department provided that the guardianship is sponsored by the Department. The subsidy amount is similar to the foster care rate and must be arranged prior to the guardianship.

Adoption

You may have a child placed with you for foster care whose parents are unable to care for him/her and whose parenting rights are terminated. If the child has been with you for a significant period of time and is happy and doing well in your home, you may wish to consider applying to adopt.

Generally, a foster parent will participate in an adoption assessment to determine if adoption of the specific child is appropriate for them. Foster parents need to give serious consideration to whether they wish to make a life-long commitment to having the child become a member of their family. Through an adoption assessment process, the impact of this decision on other family members, their feelings regarding changing the child's family status, etc., are explored.

Adoption subsidy is available for many DSS children. Eligibility is based on the child's special needs both now and in the future. Application for subsidy must be made prior to legalization of an adoption.

Fair Hearing and Grievance procedures

Foster parents and applicants have a right to appeal the following decisions via the Fair Hearing process:

■ A decision not to approve an application to become a foster parent except that no right of appeal exists if the decision is based on the applicant's failure to effect specified changes within the allotted time after receiving notice from the Department.

■ A decision to close the foster home.

■ A decision not to approve the foster parent as a legal guardian or adoptive parent for a child who has been in his or her foster home for at least six months.

■ The failure of the Department to follow regulations of the Department, which resulted in substantial prejudice to the foster parent.

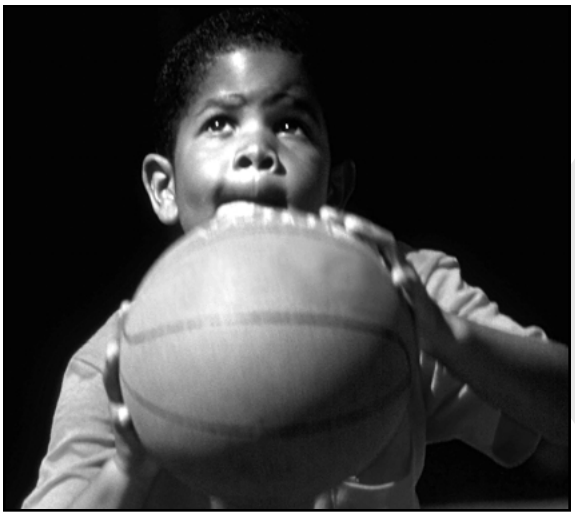
■ A goal determination at a Foster Care Review.

■ A decision to remove a foster child from the foster home, except that no right of appeal exists if the child is to be removed in order to be placed:

– With his/her parent(s);
– In an approved pre-adoptive home, unless the foster parent(s)has applied to become the child's pre-adoptive home and the Department has not yet rejected his/her application;
– With a legal guardian, unless the foster parent has applied to become the legal guardian and the Department has not yet rejected his/her application;
– In an independent living situation;
– In a home where one or more of the child's siblings is residing;
– In the home of a relative of the foster child, if the current foster parent is not a relative of the foster child;
– In a different foster home, because the kinship/child specific home was not approved as a foster/pre-adoptive home for the specific child or was not re-approved following a review/reassessment;
– In a different foster home, because the unrestricted foster parent's license is either revoked or not renewed following a review/reassessment/license renewal study

Pre-adoptive parents have a right to request a fair hearing regarding the removal of a child who is in DSS care or custody, except in those situations when the child is being removed in order to be placed:

– With his/her parent(s);
– In an independent living situation;
– In a different pre-adoptive home, because the kinship/child specific home was not approved as a pre-adoptive home for the specific child or was not re-approved following a review/reassessment.



You must file a written request for a fair hearing with the Department's Fair Hearing Office within 30 calendar days after receiving the decision that you would like to appeal.

How to Request a Fair Hearing

To begin the fair hearing process, you must file a written request for a fair hearing with the Department's Fair Hearing Office within 30 calendar days after receiving the decision that you would like to appeal. To prevent removal of a child from your home you must file your written request for a fair hearing within 10 calendar days after being notified of the removal decision.

Send the request to: **DSS Fair Hearing Office**
24 Farnsworth Street
Boston, MA 02210

Include in your letter:

- Your name, address, and telephone number
- The date the decision was made
- The name(s) of the child(ren), if any
- The name and address of the office where the decision was made; and
- The decision you wish to appeal (it is helpful if you include a copy of the notice DSS sent you).

You MUST ALSO sent a copy of your request to the director of the office where the decision was made. You will then be contacted regarding the review process. You may obtain more information by calling the Fair Hearing Office at **(617) 748-2000.**

What is a Grievance?

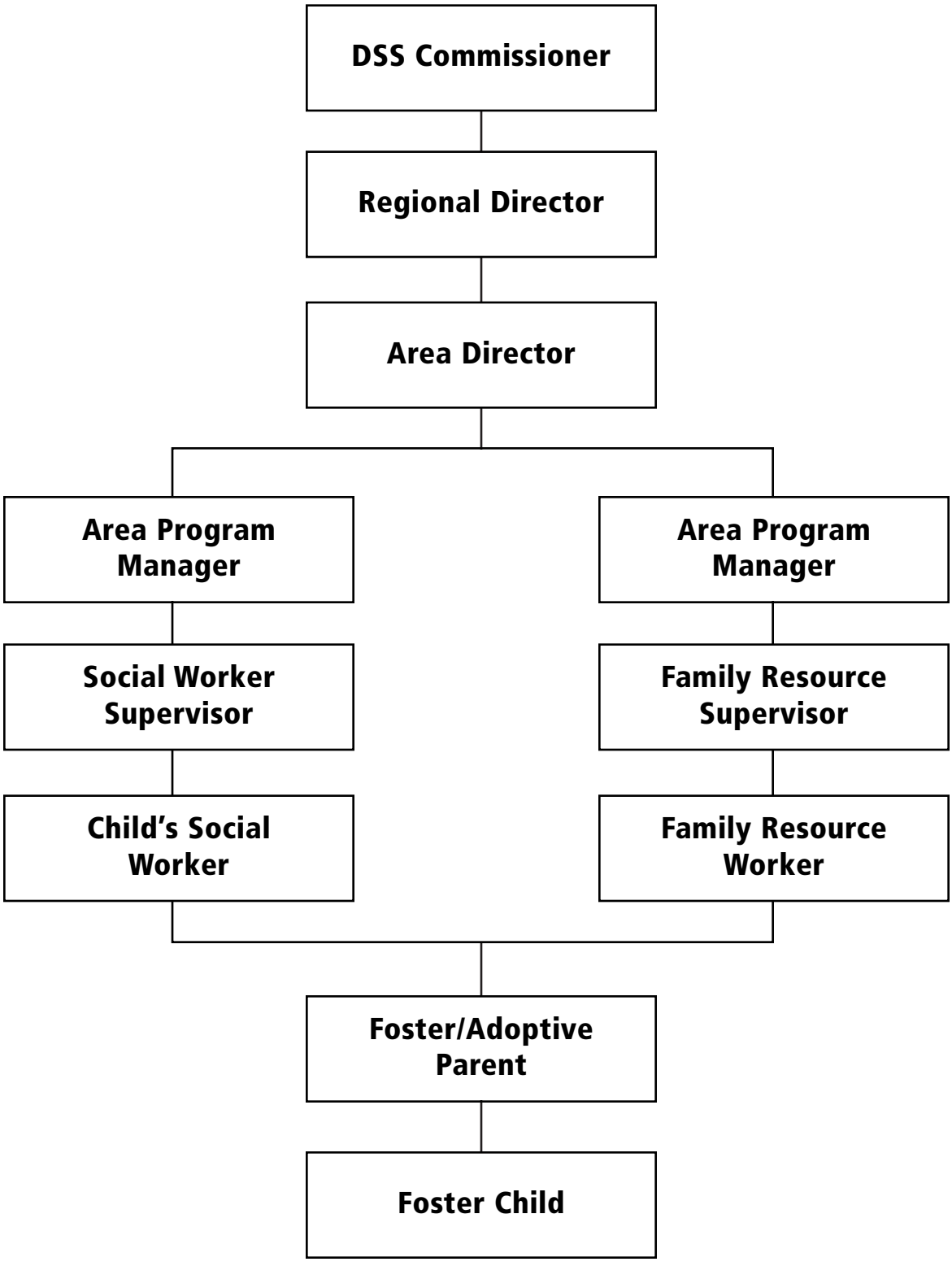
The grievance procedure is designed to review any decision that is not subject to a fair hearing, including Foster Care Review decisions other than the goal, or to complain about the conduct of a DSS employee.

How to File a Grievance

To initiate the grievance procedure, you must file a written complaint with the Area Office, Regional Office, contracted provider or agency or Foster Care Review Unit whose decision is complained of, or that employs the staff person whose conduct you wish to complain about, within 30 calendar days after receiving the decision, or after the date of the conduct you are grieving. Your letter should include any information you would like DSS to consider when reviewing the matter. A written notice of DSS's decision will be sent to you within 21 calendar days after your grievance is received.

Channels of Support

Problem solving is most effective when done through appropriate channels. The chart below is a guideline for getting what you need. In an emergency, you would necessarily have to reach anyone you could, but under ordinary circumstances the following is suggested.



Central Office

Massachusetts Department of Social Services
Jeffrey A. Locke, Commissioner
24 Farnsworth Street
Boston, MA 02210
- (617) 748-2000 operator
- (617) 748-2400 auto attendant
- FAX (617) 261-7435

Region 1

WESTERN Regional Office **001**
1537 Main Street, 2nd Floor
Springfield, MA 01103
Gene Caouette, Regional Director
- (413) 452-3350
- FAX (413) 781-4482
- FCRU (413) 781-0323

PITTSFIELD Area Office **010**
53 Eagle Street, 2nd Floor
Pittsfield, MA 01201
Raymond Burke, Area Director
- (413) 236-1800
- 1-800-292-5022
- FAX (413) 445-4507

GREENFIELD Area Office **020**
One Arch Place, 1st Floor
Greenfield, MA 01301
Joseph Collins, Area Director
- (413) 775-5000
- 1-800-842-5905
- FAX (413) 773-5773

NORTHAMPTON Social Service Center **021**
1 Prince Street
Northampton, MA 01060
Joseph Collins, Area Director
- (413) 584-1698
- 1-800-841-2692 auto attended
- FAX (413) 586-6776

HOLYOKE Area Office **030**
261 High Street
Holyoke, MA 01040
Paul Fitzsimmons, Area Director
- (413) 493-2600
- 1-800-698-3935
- FAX (413) 533-9355

ROBERT VAN WART CENTER **035**
112 Industry Avenue
Springfield, MA 01104
Ellen Patashnick, Area Director
- (413) 205-0500
- PSU (413) 205-0600
- FAX (413) 205-0650

SPRINGFIELD Area Office **040**
1537 Main Street, 4th Floor
Springfield, MA 01103
Arlene Smith, Area Director
- (413) 452-3200
- FAX (413) 739-5851

Region 2

CENTRAL Regional Office **002**
340 Main Street, Suite 720
Worcester, MA 01608
Valerie Lovelace-Graham, Regional Dir.
- (508) 929-2130
- FAX (508) 754-0420

NORTH CENTRAL Area Office **050**
215 Hamilton Street
Leominster, MA 01453
Nancy Prostak, Act., Area Director
- (978) 466-1500
- 1-800-479-6111
- FAX (978) 466-5960

SOUTH CENTRAL/BLACKSTONE VALLEY Area Office **060**
185 Church Street
Whitinsville, MA 01588
Diane Hendricken, Area Director
- (508) 234-1000
- FAX (508) 234-4110

WORCESTER Area Office **070**
340 Main Street, Suite 525
Worcester, MA 01608
Olga Roche, Area Director
- (508) 929-2000
- FAX (508) 754-9803

Region 3

NORTHEAST Regional Office **003**
Everett Mills
15 Union Street, 2nd Floor
Lawrence, MA 01840
Alice Kubacki, Regional Director
- (978) 557—2700
- FAX (978) 557-9231

LOWELL Area Office **080**
33 East Merrimack Street
Lowell, MA 01852
Gail Medeiros, Area Director
- (978) 275-6800
- PSU (978) 275-6900
- FAX (978) 452-5896

LAWRENCE Area Office **090**
Everett Mills
15 Union St., 2nd Floor
Lawrence, MA 01840
Luz Cassano-Parisien, Area Director
- (978) 557-2500
- FAX (978) 683-7455

HAVERHILL/CAPE ANN Area Office **100**
3 Ferry Street
Bradford, MA 01835
Nancy Fagan, Area Director
- (978) 469-8800
- FAX (978) 469-8990

CAPE ANN Area Office **101**
45 Congress Street, Building 4
Salem, MA 01970
Jacqueline Gervais, Area Director
- (978) 825-3800
- (978) 825-3900
- FAX (978) 825-9091

LYNN Area Office **110**
20 Wheeler Street
Lynn, MA 01902
Rosemarie Verderico, Area Director
- (781) 477-1600
- PSU (781) 593-5755
- FAX (781) 592-3380

HOTLINES/HELPLINES

- **Police** 911
- **Foster/Adoptive Care Recruitment Line** 1-800-KIDS-508
- **Kid's Net Connection Helpline** 1-800-486-3730
- **MA Behavioral Partnership** 1-800-495-0086
- **Child-At-Risk Hotline** 1-800-792-5200
- **Judge Baker Children's Cntr.** 617-232-4882
- **Parental Stress Line** 1-800-632-8188
- **Post Adoption Services Helpline/Adoption Crossroads** 1-800-972-2734
- **Teen Peer Line** 1-800-238-7868
- **Payment Assist. Line (PAL)** 1-800-632-8218
- **Volunteer Case Reviewer Line**
  Statewide 1-800-423-2022
  Western 1-800-286-0323
- **DSS Central Office Library** 1-617-748-2373
- **Web site** www.magnet.state.ma.us/dss

Region 4

METRO Regional Office **004**
30 Mystic Street
Arlington, MA 02174
Eleanor Dowd, Regional Director
- (781) 641-8500
- FAX (781) 648-6909

MALDEN Area Office **120**
22 Pleasant Street
Malden, MA 02148
Paul Creelan, Area Director
- (781) 388-7100
- FAX (781) 324-2209

FRAMINGHAM Area Office **130**
63 Fountain Street
Framingham, MA 01702
Judy Abrahams, Area Director
- (508) 424-0100
- FAX (508) 872-8340

CAMBRIDGE/SOMERVILLE Area Office **140**
810 Memorial Drive
Cambridge, MA 02139
Richard Ho, Area Director
- (617) 520-8700
- FAX (617) 354-0243

ARLINGTON Area Office **150**
30 Mystic Street
Arlington, MA 02474
Ken Pontes, Area Director
- (781) 641-8500
- 1-800-769-4615
- FAX (781) 646-5172

COASTAL Area Office **160**
541 Main Street
South Weymouth, MA 02190
J. Madigan, Area Director
- (781) 682-0800
- FAX (781) 337-4587

Region 5

SOUTHEAST Regional Office **005**
141 Main Street
Brockton, MA 02401
Robert Kelley, Regional Director
- (508) 894-3700
- FAX (508) 559-7878

ATTLEBORO Area Office **170**
67 Mechanic Street
Attleboro, MA 02703
Martin Kenney, Area Director
- (508) 431-9500
- 1-800-441-3143
- FAX (508) 226-6706

BROCKTON Area Office **180**
143 Main Street
Brockton, MA 02401
Christina Joyce, Area Director
- (508) 894-3700
- PSU (508) 588-2281
- FAX (508) 559-7695

FALL RIVER Area Office **190**
1567 North Main Street
Fall River, MA 02720
Sandra Fitzsimmons, Area Director
- (508) 235-9800
- FAX (508) 672-5404

NEW BEDFORD Area Office **200**
100 North Front Street
New Bedford, MA 02740
Randall Whittle, Area Director
- (508) 910-1000
- FAX (508) 990-7321

CAPE & ISLANDS/PLYMOUTH Area Office **210**
32 Commercial Street
South Yarmouth, MA 02664
Steve Ryan, Area Director
- (508) 760-0200
- 1-800-352-0711
- FAX (508) 394-4356

PLYMOUTH Area Office **211**
61 Industrial Park Road
Plymouth, MA 02360
Michelle Mason, Area Director
- (508) 732-6200
- 1-800-423-2338
- FAX (508) 747-1239

Region 6

BOSTON Regional Office **006**
38 Wareham Street, 1st Floor
Boston, MA 02118
Terry Flynn, Act., Regional Director
- (617) 574-8550
- FAX (617) 423-0799

HYDE PARK Area Office **220**
1530 River Street
Hyde Park, MA 02136
Barbara Curley, Act., Area Director
- (617) 360-2500
- FAX (617) 360-2650

DIMOCK STREET Area Office **230**
30 Dimock Street
Roxbury, MA 02119
Bruce Heller, Area Director
- (617) 989-2800
- FAX (617) 445-9147

WILLIAM E. WARREN CENTER Area Office **240**
38 Wareham Street
Boston, MA 02118
Corinne M. Contarino, Area Director
- (617) 574-8400
- FAX (617) 423-0599

PARK STREET Area Office **250**
The Esquire Building
50 Park Street
Dorchester, MA 02122
Bill Brown, Area Director
- (617) 822-4700
- FAX (617) 282-1019

HARBOR Area Office **260**
45 Spruce Street
Chelsea, MA 02150
Ruth McDermott, Area Director
- (617) 660-3400
- FAX (617) 884-0215

NEW CHARDON ST. SHELTER **261**
41 New Chardon Street
Boston, MA 02114
Pamela Fortes, Director
- (617) 720-3611
- FAX (617) 723-7486

QUICKLIST

Central Office	617-748-2000
Region 1	413-452-3350
Springfield	413-452-3200
Greenfield	413-775-5000
Holyoke	413-493-2600
Pittsfield	413-236-1800
VanWart Cntr.	413-205-0500
Region 2	508-929-2130
Worcester	508-929-2000
Leominster	978-466-1500
Whitinsville	508-234-1000
Region 3	978-557-2700
Haverhill	978-469-8800
Salem	978-825-3800
Lawrence	978-557-2500
Lowell	978-275-6800
Lynn	781-477-1600
Region 4	781-641-8500
Arlington	781-641-8500
Cambridge	617-520-8700
Weymouth	781-682-0800
Framingham	508-424-0100
Malden	781-388-7100
Region 5	508-894-3700
Brockton	508-894-3700
Attleboro	508-431-9500
Fall River	508-235-9800
New Bedford	508-910-1000
Plymouth	508-732-6200
Yarmouth	508-760-0200
Region 6	617-574-8550
Wm. Warren Cntr.	617-574-8400
Chelsea	617-660-3400
Dorchester	617-822-4700
Hyde Park	617-360-2500
Roxbury	617-989-2800

CHIEF REGIONAL COUNSELS

Boston, Renie Herman	(617) 748-2124
Metro, Tom Malone	(781) 641-8250
Northeast, Brenda Beaton	(978) 557-2750
Southeast, Sue Devine	(508) 894-3900
Central, Patricia Scibak	(508) 929-2175
Western, David LaLima	(413) 452-3400

PSU = Protective Screening Unit

Standards for DSS Foster/Adoptive Families

The need is great for families to become foster care and adoption placements for children who enter DSS care or custody. DSS welcomes your expression of interest in becoming a foster or adoptive family for such children. We hope you appreciate our need to ensure that DSS children receive the care they deserve from qualified families who are fully prepared for the role they are assuming.

The children in the care and custody of the Department need close and careful supervision. DSS, therefore, limits the number of children residing and being cared for in any foster or adoptive home, inclusive of child care and babysitting, to no more than 8 children in total, of whom no more than 6 are foster children. As of January 1, 1999, these limits are reduced to 6 and 4. In addition, no more than 2 children age 24 months or younger and no more than 1 infant age 1 month or younger, except for siblings, can be cared for by the foster/adoptive parent.

Standards for Eligibility to Apply

DSS utilizes these standards and those below for foster/adoptive family homes to determine at the outset whether families meet certain basic requirements:

- Any individual providing foster/adoptive care must have reached her/his 18th birthday. The parent of a child to be placed in foster/adoptive care is not eligible to be a foster/adoptive parent for that child. All approved foster/adoptive parents are eligible to receive reimbursement for children placed in their home. This reimbursement is equal to the standard foster care rate for a child of that age.
- All household members, age 14 years and older, must have a record which is free of criminal conduct which, in the judgment of the Department, bears upon the foster/adoptive family's ability to assume and carry out the responsibilities of a foster/adoptive parent.
- No member of the household is currently, or during the 12 months prior to completion of the "Family Resource Registration of Interest", has been involved in an open case with DSS, except, with the approval of a clinical review team:
  - to receive services following an adoption legalization, except those due to a supported 51A;
  - to receive services on behalf of a child for whom a household member is a guardian; or
  - when the household member is the parent of a child to be placed with a kinship family and she/he is also a child under age 18 years who has an open case due to a CHINS petition, a voluntary request for services or a care and protection petition in which she/he is a victim, not a perpetrator.
- No member of the household has been identified as the person alleged to be responsible for abuse or neglect of a child in a supported 51B investigation and the report which identified her/him is referred to the District Attorney.
- No member of the household has a history of involvement with the Department which would bear adversely on the prospective foster/adoptive parent's ability to assume and carry out foster/adoption responsibilities.
- The family has a stable source of income for support of current household members.
- The family has a stable housing history and current housing which meets the Department's physical requirements and currently has sufficient space to accommodate at least one additional household member within the Department's limits for maximum number of children in the home.
- At least 1 prospective applicant in the household has a basic ability to read and write in English or in the family's primary language.
- The prospective applicant(s) has sufficient time and availability to be a foster/adoptive parent(s). A foster/adoptive parent may place a foster/adoptive child in work-related child care for no more than 50 hours per week for a pre-school age child or 25 hours per week for a child in grade 1 or up.
- The prospective applicant(s) is a US citizen or a qualified, documented alien.

Standards for Foster/Adoptive Family Homes

- Home must be clean, safe, free of obvious fire and other hazards, and of sufficient size to accommodate comfortably all members of the household and the approved number of foster/adoptive children.
- Home must have safe and adequate lighting, ventilation, hot and cold water supply, plumbing, electricity and heat.
- Home must be furnished with a refrigerator and cooking stove in safe working condition.
- No foster/adoptive child over age one year shall share a bedroom with an adult.
- No foster/adoptive child over age 4 years, except for siblings up to age 8 years, shall share a bedroom with a child of the opposite sex.
- Home must have sufficient furniture to allow each child to sleep in a separate bed and to have adequate storage space for her/his belongings.
- Home must have bedrooms which provide at least 50 square feet per child; the Department may waive this requirement for kinship homes if the bedrooms provide at least 35 square feet per child for the 30 working day period during which the full assessment is completed and DSS assists the family in obtaining a long-term waiver from OCCS.
- No bedroom to be used by foster/adoptive children shall be located above the second floor unless any such floor has 2 safe means of egress.
- No bedroom to be used by foster/adoptive children shall be located below the first floor unless it contains a ground level, standard door exit and at least one operable window.
- The home shall be equipped with smoke detectors in working order on every floor, including the basement.
- If well water is used, it shall be tested and determined safe, and a report of the test results furnished to the Department.
- The home must not have any household member, alternative caretaker or frequent visitor who would, in the judgment of the Department, pose a threat of abuse or neglect to children placed in the home, or would impede or prevent the provision of adequate foster/adoptive care in the home.

STANDARDS

- The family has a working telephone in the home for both incoming and outgoing calls.
- Any firearms located in the home shall be registered and licensed in accordance with state law. All firearms shall be trigger-locked or fully inoperable and stored without ammunition in a locked area. Ammunition shall be stored in a separate locked location.
- Any home that is used for family child care must be in compliance with the requirements of OCCS, as set forth in 102 CMR 8.07 – 8.09.

Standards for Approval/Licensing

After being determined eligible to apply, families complete an application and begin a family resource assessment, during which DSS evaluates whether the family and home meet the following standards:

- Foster/adoptive parent(s), through the successful completion of the Department's assessment and of the DSS-approved foster/adoptive family pre-service training program specified for each type of approval/licensing, must demonstrate skill in parenting and providing substitute care including the following:
  1. The physical and emotional stability and well-being to assure that a child placed in her/his care will experience a safe, supportive and stable family environment which is free from abuse and neglect.
  2. The ability to assure that a child placed in her/his care will be provided with adequate food, clothing, shelter, supervision and other essential care at all times.
  3. The ability to assure that a child placed in her/his care will be provided with routine and emergency medical and dental care.
  4. The ability to assure that a child in her/his care will be expected to attend school regularly and will be provided with the opportunity to participate in an educational program and extracurricular activities which meet her/his needs.
  5. The ability to promote the physical, mental and emotional well-being of a child in her/his care.
  6. The ability to draw upon community and professional resources as needed.
  7. The ability to transport children within current legal standards set by state law.
  8. The ability to respect the integrity of a foster/ adoptive child's racial, ethnic, linguistic, cultural and religious background.
  9. The ability to manage the stressful situations which are frequently associated with the placement of a child such as the temporary nature of the placement, the integration of a child in crisis into the family, and the potential return of the child to his/her family.
  10. The ability to assist the foster/adoptive child in handling their situation, such as removal from the home of the parent(s); placement in a new home environment, including a new school (when applicable); visits with parents and siblings; and possible return to the home of the parent(s) or placement in other substitute care.
  11. The ability to deal with difficult issues in the foster/adoptive child's background and to be able to talk with the child comfortably and constructively about her/his birthparents and family.
  12. The ability to have reasonable expectations of foster/adoptive children's behavior and potential growth.
  13. The ability to respect and be bound by the same standards of confidentiality as the Department and its employees.
  14. The ability to accept and support the foster/adoptive child's relationship with her/his parents and the Department.
  15. The ability to work with the Department and the foster/ adoptive child's parents in implementing the child's service plan in order to meet developmental goals and outcomes.
  16. The ability to develop with the Department, and c ommit to, an annual plan for participation in DSS-approved training, education, and support for foster/adoptive family competency development (at least 10 hours per household per year; may be modified for kinship and child-specific families).
  17. The ability to assume and carry out all responsibilities of a foster/adoptive parent as detailed in "An Agreement Between the Massachusetts Department of Social Services and Foster/Adoptive Families".
- Foster/adoptive parent applicants must be free of any physical, mental or emotional illness which, in the judgment of the Department would impair her/his ability to assume and carry out the responsibilities of a foster/adoptive parent. No handicap in and of itself shall disqualify an individual from eligibility as a foster/adoptive parent.
- Foster/adoptive applicants must not provide, or seek to provide, foster/adoptive care to a child solely for the purpose of applying for or receiving fees, income or other benefits from public or private sources for anyone other than the foster/adoptive child.

Following completion of the written assessment, all foster/adoptive parent(s) will enter into An Agreement Between the Massachusetts Department of Social Services and Foster/Adoptive Parents. This agreement will indicate the type of approval the foster/adoptive family received according to the categories below:

- kinship,
- child-specific, or
- unrestricted.

Unrestricted foster/adoptive families are issued a license. All foster/adoptive families are re-evaluated using these standards, as well as DSS regulations and policy, on a regular basis. Licenses are renewed every 2 years.

The Commonwealth of Massachusetts
Department of Social Services

Physical Requirements for Foster/Pre-Adoptive Homes

Foster/Adoptive Family: _____ Address: _____

	Yes	*No*	*If no, indicate plan to correct below:*
1. Is home clean, safe, and free of obvious fire and other hazards?	☐	☐	
2. Is home of sufficient size to comfortably accommodate all household members and proposed/approved number of foster/adoptive children?	☐	☐	
3. Does the home have adequate lighting and ventilation, hot and cold water supply, plumbing, electricity, and heat?	☐	☐	
4. Is the home furnished with a refrigerator and cooking stove in safe, working condition?	☐	☐	
5. Does the home have sufficient furniture to allow the foster/adoptive child to sleep in a separate bed and to have adequate storage for personal belongings?	☐	☐	
6. Does the home have bedrooms that provide at least 50 sq. ft. per foster/pre-adoptive child and accommodate no more than four (4) children per bedroom?	☐	☐	
7. Would/does any foster/pre-adoptive child over one (1) year of age share a bedroom with an adult?	☐	☐	
8. Would/does any foster/pre-adoptive child over age four (4) years, except for siblings up to age eight (8) years share a bedroom with a child of the opposite sex?	☐	☐	
9. Is any bedroom to be used by a foster/pre-adoptive child located above the 2nd floor? If so, are there two (2) means of egress?	☐	☐	
10. Is any bedroom to be used by a foster/pre-adoptive child located below the 1st floor? If so, does it contain a ground level, standard door exit and at least one (1) operable window?	☐	☐	
11. Is the home equipped with smoke detectors in working order on every floor, including the basement?	☐	☐	
12. Does the family use well water? Has it been tested and determined safe and a report of the test furnished to the Department?	☐	☐	
13. Does the home have a telephone in good working order for both incoming and outgoing calls?	☐	☐	
14. Are all firearms located in the home registered and licensed in accordance with state law; trigger-locked or fully inoperable; and stored without ammunition in a locked area? Is ammunition stored in a separate, locked location?	☐	☐	

SW Signature: _____ Date: _____

DSS Office/Agency: _____

The Commonwealth of Massachusetts
Department of Social Services

An Agreement Between the Massachusetts Department of Social Services and Foster/Adoptive Parents

GENERAL INTRODUCTION

The Department of Social Services strives to strengthen and encourage family life for the protection and care of children. Foster/adoptive families are an important resource for achieving these goals. Foster/adoptive families provide a healthy setting for a child until he or she can either return home or, if necessary, be placed in an alternate permanent home.

This Agreement informs Department foster/adoptive families of their responsibilities. The Department sets forth herein its responsibilities to foster/adoptive families. This Agreement will remain in effect throughout a person's career as a foster/adoptive parent, unless terminated by either party. This Agreement will be reviewed and updated as part of the foster/adoptive family re-evaluation process.

For purposes of this document, the term "adoptive parent" refers to a person with whom DSS has placed a child(ren) for adoption but legalization of the adoption has not yet occurred.

THE DEPARTMENT OF SOCIAL SERVICES AGREES TO:

1. provide the family with sufficient information about a child who is in DSS care or custody, prior to placement, so that she or he can knowledgeably determine whether or not to accept the child, and to provide the foster/adoptive family with sufficient ongoing information about the child who is in DSS care or custody to enable the foster/adoptive family to provide adequate care to that child and to meet the individual needs of that child.
2. provide the foster/adoptive family with relevant training programs.
3. assign a social worker who will be responsible for providing direct service to the child who is in DSS care or custody (and her/his biological family), supporting her/his placement with the foster/adoptive family, and visiting the child and the foster/adoptive family at least once a month.
4. assign a family resource worker who will be responsible for providing critical support to the foster/adoptive family; conducting evaluations; and preparing documentation as required by policy, including documentation of any significant changes in the home, such as: addition of a new household member; death; serious illness or serious injury of a household member; separation or divorce of the foster/adoptive parents; loss of employment by a foster/adoptive parent or head of household; reduction of foster/adoptive family income; loss of foster/adoptive parent's qualified citizenship status; or changes in the residence. (Any significant change will be immediately communicated to the child's social worker.) The family resource worker will contact the foster/adoptive family monthly during the probationary period [i.e., the first six (6) months after approval/licensing], will visit the home monthly following the placement of a child in the home, and will visit every other month after the probationary period has ended.
5. involve the foster/adoptive family in the planning and implementation of services for the child in her/his care. The Service Plan will identify the goal, outcome/type of changes needed, and tasks/services (with related completion dates) for the family, the Department, and other parties, including the foster/adoptive family. The foster/adoptive family signs and is provided with a copy of the Service Plan.

6. invite the foster/adoptive family to Foster Care Reviews and other case conferences.
7. inform the foster/adoptive family of the range and frequency of payments she/he will receive for the care of a child who is in DSS care or custody.
8. provide the foster/adoptive family with a Medical Passport for each child who is in DSS care or custody placed in the home and ensure that each child's medical and dental expenses are covered.
9. delegate to the foster/adoptive family the right to arrange for and authorize routine medical and dental care for a child who is in DSS care or custody placed with the foster/adoptive family.
10. delegate to the foster/adoptive family the right to authorize appropriate school-related activities such as registration and field trips for a child placed with the foster/adoptive family.
11. if the parent of a child in DSS care or custody will not be serving as the educational decision maker for her/his child, arrange for the foster/adoptive parent to serve as the child's educational decision maker for special education or early intervention services, including, when necessary, recommending the foster/adoptive parent to the Department of Education or the Department of Public Health, respectively, for appointment as an Educational Surrogate Parent, when it would be in the best interests of the child.
12. recognize the foster/adoptive family's right to maintain the foster/adoptive family's child-rearing practices, as long as these do not conflict with Departmental regulation or policy, or the needs of the child.
13. make available to the foster/adoptive family the Department's reviews or re-evaluations of the foster/adoptive family, upon request by the foster/adoptive family.
14. supply the foster/adoptive family with information on the procedures for requesting review of Departmental decisions, filing a complaint through a grievance, requesting a Fair Hearing, the process for closing a foster/adoptive home, and the process for removing a child who is in DSS care or custody from a foster/adoptive family.
15. provide limited amounts of reimbursement, secondary to other primary insurance (such as homeowner's), for reimbursement on account of theft of or damage to the foster/adoptive family's property that is the result of deliberate, malicious action by a child who is in DSS care or custody.
16. notify the foster/adoptive family if the Department decides to pursue legal guardianship or adoption for a child placed with the foster/adoptive family, and afford the foster/adoptive family adequate opportunity to apply to become the legal guardian or adoptive parent for that child.
17. notify the foster/adoptive family, in writing including the reason(s), at least ten (10) calendar days in advance of a decision to remove a child from the foster/adoptive family, except when the Area Director has determined that the child's physical, mental, or emotional well-being would be endangered by remaining in the home; and within three (3) working days after a decision is made to close the foster/adoptive home.
18. ensure that a plan is developed with the foster/adoptive family for the care of a child who is in DSS care or custody during any extended absences of the foster/adoptive family.
19. make available to the foster/adoptive family a Payment Assistance Line [(PAL) 1-800-632-8218], which the foster/adoptive family can call for help in resolving long-standing payment problems, after the foster/adoptive family has tried to resolve them with the Area Office.
20. make after-hours assistance available to the foster/adoptive family through the MSPCC Kid's Net Connection (1-800-486-3730).

THE FOSTER/ADOPTIVE FAMILY AGREES, FOR EACH CHILD PLACED IN HER/HIS HOME, TO:

1. promote the physical, mental, and emotional well-being of the child as well as assist the child in maximizing his or her potential.
2. meet the child's individual needs related to her/his racial, ethnic, linguistic or cultural background, encouraging an understanding and appreciation of this heritage.
3. support the reunification of the child and family, or an alternative permanent plan as indicated on the Service Plan.
4. permit and support visits between the child and the child's parents and/or siblings as recommended by the Department, both within and outside the foster/adoptive family home.
5. not use any physical punishment upon any child who is in DSS care or custody.
6. participate fully in the implementation of the child's Service Plan, including goal development, and tasks for the child and foster/adoptive family, and participate in Foster Care Reviews and other case conferences.
7. maintain confidentiality in all matters concerning the child and his/her family. (Foster/adoptive families are bound by the same standards of confidentiality as the Department and its employees.)
8. participate in pre-service and in-service training programs as required by the Department.
9. schedule appointments for the child's routine health care and dental care and any needed follow-up and ensure that these appointments are kept.
10. advise the child's social worker of changes in the child's health status, of medical and dental care received, and of recommendations made; any recommendation regarding the use of restraints by medication or artificial means must be brought to the attention of the family resource worker in addition to the child's social worker.
11. hold the child's Medical Passport; request written documentation from medical providers for inclusion in the passport; and submit encounter forms to the child's social worker. Ensure that the Medical Passport is available at the Foster Care Review.
12. arrange for emergency medical treatment when necessary.
13. provide, or support the provision of, needed specialized medical or dental care as specified in the Service Plan.
14. authorize appropriate general school-related activities such as registration and field trips and notify the Department of educational activities authorized for the child.
15. when requested by DSS, or appointed by the Department of Education or Department of Public Health, serve as the child's educational decision maker for special education or early intervention services, respectively.
16. immediately report to the Family Resource Unit all significant changes in the home, such as: addition of a new household member (other than the placement of a child who is in DSS care or custody); death, serious illness, etc., of a household member; separation or divorce of the foster/adoptive parents; loss of employment by a foster/adoptive parent or head of household; reduction of foster/adoptive family income; loss of foster/adoptive parent's qualified citizenship status; and any other change that affects the ability of the foster/adoptive family to conform to DSS standards.
17. immediately report to the Family Resource Unit any new individual who will care on a regular basis for a child who is in DSS care or custody.
18. advise the Area Office of the foster/adoptive family's affiliation with any other child-placement agency.

19. ensure that additional placements of foster/pre-adoptive children by another agency will not be undertaken without the clear understanding and approval of the Area Office.
20. notify the Department of a change in the structure or location of the foster/adoptive family's residence at least sixty (60) days in advance, or at the earliest possible time.
21. notify the Department of a change in the home telephone number.
22. notify the Department of any vacation or trip that would result in the foster/adoptive family's overnight absence from their usual place of residence.
23. obtain Department consent before taking a child who is in DSS care or custody out of the state.
24. give up care of the child to no one other than the Department, or a person or agency designated by the Department, unless ordered to do so by a court of competent jurisdiction.
25. give the Department at least ten (10) working days' notice if removal of the child from the foster/adoptive family is desired, except when immediate removal is necessary to ensure the life, health, or emotional well-being of the child or of foster/adoptive family household members.
26. notify the Department immediately if he/she knows, or reasonably believes that a child placed in the home intends to run away, and notify the Department and the local police immediately, if the foster/adoptive family learns that the child has run away or is missing. The foster/adoptive family should call the Department's HOTLINE (1-800-792-5200) after hours, if necessary.
27. notify the Department of any overpayment made on the child's behalf by DSS to the foster/adoptive family. Any overpayment will be deducted from a future payment. If there is no future payment, the foster/adoptive family is required to contact the PAL Line (1-800-632-8218) to arrange for return of the overpayment.
28. ensure that any firearms located in the home are registered and licensed in accordance with state law; are trigger-locked or fully inoperable and stored without ammunition in a locked area; and that ammunition is stored in a separate, locked location.
29. maintain insurance (homeowner's, etc.) to cover damage to or loss of the foster/adoptive family's property, caused by a child who is in DSS care or custody. Such insurance shall be the foster/adoptive family's primary insurance.
30. make efforts to maintain the child's personal belongings.
31. comply with Department regulations and policies, including the standards for serving as a DSS foster/adoptive family.

Please note any additional agreements and/or responsibilities:

_____

_____

The Department of Social Services has designated this foster/adoptive family as a/an:

- ☐ approved kinship home
- ☐ approved child-specific home
- ☐ licensed unrestricted home

and agrees to the terms set forth herein.

As a foster/adoptive family approved by the Department of Social Services, I understand the above statement of responsibilities and agree to the terms listed herein.

This Agreement is to be reviewed and signed at each re-evaluation.

An Agreement Between the Massachusetts Department of Social Services and Foster/Adoptive Parents

SIGNATURES

Foster/Adoptive Parent	Date	Family Resource Worker	Date
Foster/Adoptive Parent	Date	Family Resource Supervisor	Date
Foster/Adoptive Parent	Date	Family Resource Worker	Date
Foster/Adoptive Parent	Date	Family Resource Supervisor	Date
Foster/Adoptive Parent	Date	Family Resource Worker	Date
Foster/Adoptive Parent	Date	Family Resource Supervisor	Date
Foster/Adoptive Parent	Date	Family Resource Worker	Date
Foster/Adoptive Parent	Date	Family Resource Supervisor	Date
Foster/Adoptive Parent	Date	Family Resource Worker	Date
Foster/Adoptive Parent	Date	Family Resource Supervisor	Date

Commonwealth of Massachusetts
Department of Social Services

Medical Passport

Reminder: Give a copy of the Medical Passport to new provider when a child goes from one placement to another. You may also want to print the Passport to use as an interview tool when requesting medical information from the parent.

Printed Date: 05/25/2000

Child's Name : Cheryl Marie Byrne TRN40
DOB: 06/30/1988
Sex: Female
DSS Office :

MassHealth RID: X00017089
Phone:

Note: All Children under age 3 are eligible for Early Intervention(1-800-905-8434). All children under age 5 are eligible for WIC(1-800-942-1007). Call Mass. Dept. of Public Health for additional information.

Critical Indicator:
Do not Resuscitate Order on File: Yes ☐ No ☒

Medical Conditions

Condition	Medi Alert	Skilled Nursing
Fire Setting	N	N
History of Neglect	N	N

Enuresis ☐ **Encopresis** ☐

Allergies

Allergy Type	Allergy - Reactions
Food	
Medication	
Insect/Pet	Bee-Swelling,Breathing Difficulties Hornet-Epi Pen,Breathing Difficulties,Swelling,Rash, Hives
Environmental	
Other	

Asthma: Yes ☒ Not Known ☐
If yes, does the child use inhaler/nebulizer (Yes/No)
Triggers: Exercise,Common Cold,Dust, Pets

Medications (Medical & Psychiatric)

Name	Dosage&Frequency
Children's Ibuprofen	25mg (1 tablet) Oral

Note: Please give medication to the social worker upon new placement or placement transfer.

Medical Equipment:
Note: Include eye glasses and retainers (orthodontic) as well as durable medical equipment.

Birth History

Gestational Age	Birth Delivery Comment
	Premature at 30 weeks.

Medical & Dental Visits

Visit Type	Date	Condition	Provider	Address	Phone
Sick					
Sick					
Well	05/25/2000	Allergies	Marie Cohen	123 North Main Boulevard, Suite A, Boston, MA 12345	617-123-4567
Behavioral					
Dental	05/25/2000	Allergies	Elizabeth Mitchell		

Note: For complete Well Visit Schedule, see Well Child Visit Schedule in Family Net Help section.

Hospitalization History

Reason	Medical Condition	Date	Provider

Immunizations

Required Immunizations and Recommended Immunization Schedule	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6
Hepatitis B *Birth, 1-2mos,6-18 mos, Or 11 –12 yrs if "catch-up" needed.*	25-MAY-00			*Not Necessary*	*Not Necessary*	*Not necessary*
Varicella *12 – 18 mos. Or 13+ yrs. if "catch- up" needed*		*Not necessary*	*Not necessary*	*Not necessary*	*Not necessary*	*Not necessary*
Dtap/DTP *2 mos, 4 mos, 6 mos, 12-18 mos, 4 –6 yrs., Td booster 11-16 yrs.*	01-JUN-88	25-MAY-00				
Polio IPV *2 mos, 4 mos, 6 –18 mos, 4 –6 yrs.*	25-MAY-00				*Not Necessary*	*Not Necessary*
Measles, Mumps, Rubella *12 –15 mos, 4 –6 yrs. Or 11 –12 yrs. if "catch-up" needed.*	25-MAY-00		*Not necessary*	*Not necessary*	*Not necessary*	*Not necessary*
H. Influenzae type b *2 mos, 4 mos, 6 mos, 12 – 15 mos.*	25-MAY-00				*Not necessary*	*Not necessary*

Note: Any dose not given at the recommended age should be given as a "catch–up" immunization at any subsequent visit when indicated and feasible. Hepatitis B, Measles, Mumps, Rubella, and Varicella vaccinations are to be given if previously recommended doses were missed or given earlier than the recommended minimum age.

Lab Results

Test Type	Date	Result
Lead		

Child's Current Medical Information: (gathered at time of placement or transfer)
Sections 1 – 5 are completed manually.

1. Please list the name, address, and phone number of your child's primary care doctor.

2. Has your child been exposed to any communicable diseases or conditions such as Chicken pox, Headlice, TB, Flu, HIV, Hepatitis etc. within the last three months ? (If yes list below)

3. Is your child sick right now?

4. Does your child have any scheduled medical appointments?

5. Please tell us anything else you would like us to know. Thank you.

RESPONSIBILITIES OF FOSTER PARENTS/RESIDENTIAL CARE PROVIDERS

1. This Medical Passport is to be kept by you as long as the child is in your care. Remember that when the child leaves your care, **the passport goes with the child**.
2. This information is personal and **confidential**. It should be treated as such.
3. Take the passport and a blank Medical Encounter Form to each and every medical, hospital and dental appointment.
4. Remind the care provider to fill out a Medical Encounter Form and to update appropriate sections of the passport at the time of the visit. It is **not** necessary to use Medical Encounter Forms for therapy sessions.
5. Keep the MassHealth card with this passport.

Schedule appointments for routine and follow-up care. Every child entering DSS care or custody must have a 7 day medical screening and a 30 day comprehensive examination.

6. Dental examinations begin at the age of three years and are done yearly.

Please submit completed Medical Encounter Forms to the child's social worker immediately after each appointment.
If you have any questions, please contact the child's social worker. Thank you for your help.

RESPONSABILIDADES DE LOS PADRES DE CRIANZA/CUIDADO DE RESIDENCIA

1. Usted debe mantener este Pasaporte Medico en su posesion mientras que el nino permanesca bajo su cuidado. Recuerde, cuando el nino se vaya, **el passaporte debe ir con el**.
2. Este es un documento de informacion personal y debe ser tratado como tal.
3. Lleve el pasaporte y La Forma de Visita en blanco a cada y todas las visitas del medico, hospital y al dentista.
4. Recuerdele a los medicos y a los dentistas que deben llenar las Formas de Visitas Medicas por cada visita y completar la informacion necesaria en la seccion central del pasaporte. **No** es necesario ilevar el Informe de Visita a Las citas Consejeria del nino.
5. Coloque la tarjeta de Medicaid dentro del pasaporte.
6. Haga las citas para los examenes medicos y dentales de rutina y seguimiento. Cada niño que incorpora cuidado o custodia del DSS debe tener una investigación médica de 7 días y una examinación comprensiva de 30 días.Los examenes dentales comienzan a la edad de tres anos y se hacen anualmente.

Por favor, entregue los Informes cumplidos de visitas al trabajador(a) social inmediatamente despues de cada visita rutina/enfermo.
Si tiene preguntas, por favor llame a su trabajdor(a) social. Gracias por su ayuda.

UNIVERSAL PRECAUTIONS GUIDELINES

All children and adults are capable of transmitting viruses and are also susceptible to infections from certain viruses and bacteria. When caring for any child in your home, the following basic hygiene practices are recommended:

1. **Always wash hands** thoroughly with warm water and soap immediately after having contact with blood or body fluids (saliva, urine, stool or vomitus). Regular bar soap is adequate.
2. **Wash dishes** in hot soapy water or in the dishwasher, if you have one. It is not necessary to keep a high-risk child's dishes separate.
3. You may **wash clothing** with other family laundry in the washing machine or by hand, using hot soapy water.
4. Do **not** allow family members to share toothbrushes.
5. **Avoid placing your fingers in any child's mouth**. Also, discourage other adults and children from doing this.
6. Toys that have been in any child's mouth should not be shared with other children. **Wash plastic toys** that have been soiled with body fluids in hot soapy water. **Wash stuffed toys** in the washing machine or in hot soapy water.
7. **Wash cloth diapers** in the washing machine or in hot soapy water. Add a small amount of bleach.
8. **Placed soiled diapers** in a diaper pail lined with a plastic bag. Keep these in an area where small children do not have access to them.. Securely tie the bag and dispose of with other household trash.
9. **Clean any surfaces containing body fluid spills** with one part bleach to ten parts water.
10. You do **not** have to wear gloves for **diaper changing** unless there is diarrhea (blood may be present) or a bleeding diaper rash. Remember to wash hands before and after diapering.
11. **Wear disposable latex gloves** to prevent possible exposure to blood-born viruses when cleaning body fluid spills containing blood or if your hands have cuts, abrasions, or a rash. Place the gloves and cleaning materials in a plastic bag, tie securely, and dispose of with other household trash.

PACT Standards for Reimbursement

Following is a list of some frequently authorized P.A.C.T. services with a range of reimbursable hours per week, including the statewide average and the maximum allowed for each task. Any P.A.C.T. request, which exceeds the average hours identified for a task, must specify the frequency with which the task must be performed and the type of intervention required.

TASK (per documentation	RANGE Average	Maximum
Care of child on apnea monitor – place leads on chest – respond to alarm	10 hrs	12 hrs/wk
Specialized feeding – nutritional counseling – specialized diets	7 hrs	14hrs/wk
Gastronomy tube feeding, including attachment to pump and cleaning dressing site. (14 hours is based on 4 feedings per day.)	14 hrs	21 hrs
Care of tracheotomy including changing tracheotomy and suctioning	10 hrs.	12 hrs/wk
Use of nebulizer, including chest P.T., suctioning as needed, and care and maintenance of equipment	7 hrs	14 hrs/wk
Oxygen, including use of oximeter, flow adjustment, monitoring, and care and maintenance of equipment	7 hrs	14 hrs/wk
Suctioning	2 hrs	4 hr/wk
Care of catheter, including monitoring and maintenance Measurements of body fluids (input/output)	2 hrs	4 hrs/wk
Administration of medication	1 hr	4 hrs/wk
Occupational therapy, including facial/oral exercises	4 hrs	7 hrs/wk
Physical therapy/gross motor skill development	4 hrs	7hrs/wk
Care of colostomy or ileostomy	14 hrs	21hrs/wk
Pulmonary therapy without nebulizer treatment	5 hrs	10 hrs/wk
Total physical care for non-ambulatory, multiply handicapped child who includes bathing, feeding, dressing, toileting, repositioning, etc.	14 hrs	21 hrs/wk
Speech/communication exercises	3 hrs	7 hrs/wk
Advocacy and consultation with schools, court, medical providers, emergency service personnel for child with complex behavioral or medical needs	5 hrs	7 hrs/wk
Implementation of structured behavior management program as directed by therapist or school program	4 hrs	7 hrs/wk
Participation in child's therapy as directed by therapist	1 hr	1 hr/wk
Supervised visitation as directed by DSS staff including documentation in all cases	1 hr	14 hrs/wk
Teaching parenting skills to biological parents as directed by DSS staff	1 hr	4 hrs/wk
Training in activities of daily living (ADL) and skill development as directed by DSS staff	5 hrs	10 hrs/wk
Monitoring of child with acute psychiatric illness, suicidal ideation, or behavioral pathology	14 hrs	21 hrs/wk

Massachusetts Department of Social Services

Discharge Support Program Referral
for Youth Discharging from Care at or Beyond the Age of 18

Youth's Name: _____

Address: _____

Home Phone: _____ **Work Phone:** _____

SSN: _____ **DOB:** _____

Area Office: _____

Social Worker: _____ **Phone:** _____

1. **What is the youth's planned date of discharge?**_____

2. **Where will the youth be living after discharge from DSS?**

3. **Specifically, what are the youth's financial needs, i.e. housing costs, essential furniture expenses, independent living support needs?**

4. **What are the youth's independent living needs, i.e. outreach support, community resources? Is the youth willing to work with an Outreach worker?**

5. **Does the youth present with cognitive, emotional, mental health, substance abuse issues, etc. that may impact housing needs?**

6. **Does the youth work? Yes [ ] No [ ] If so, where?**
   Full-time [ ] Part-time [ ] Seasonal [ ]
   Please list any other source of income, i.e. SSI, DTA, etc.

7. Is the youth involved with any other state agency? Yes [ ] No [ ]
DMH [ ] DTA [ ] DMR [ ] Other _____
If so, please describe the services to be provided by that agency.

8. Does the youth attend school, college, vocational program? Yes [ ] No [ ]
School name and location:

9. Does the youth have children? Yes [ ] No [ ] How many? _____
If yes, are the children living with him/her? Yes [ ] No [ ]

10. Has the youth been determined eligible for any other housing assistance?
Yes [ ] No [ ] If yes, explain:

11. Has the youth been informed of the policy regarding remaining in care beyond the age of 18? Yes [ ] No [ ]

Return this form to: The Adolescent Services Unit, Central Office – 24 Farnsworth Street, Boston, MA 02210

Massachusetts Department of Social Services

Dear Clinician,

The Department of Social Services has established a policy of having all children entering the Department's care or custody screened for life threatening conditions, communicable diseases and serious injuries or indications of physical or sexual abuse within 7 calendar days of placement. This child is being brought to you today for this medical screening. Please bear in mind that your accurate documentation of all bruises, lacerations and other injuries provides protection for the foster family. This child will receive a complete examination within thirty days. These policies are based on the recommendations from the American Academy of Pediatrics and the Child Welfare League. Thank you in advance for caring for this child.

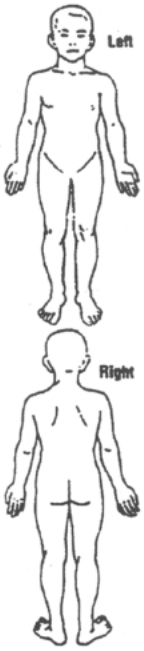
NAME OF CHILD

CHILD'S PRIMARY CARE CLINICIAN/HMO

DATE OF BIRTH | WEIGHT | HEIGHT | RESPIRATIONS

DATE OF EXAM | PULSE | BLOOD PRESSURE

CURRENT MEDICATIONS | UNKNOWN



- ❑ This child's medical exam is normal.
- ❑ I have identified the following problems
  - ❑ Communicable disease/specify
  - ❑ Medical concerns
  - ❑ Injuries (please identify on the figures)
  - ❑ Other/specify
- ❑ **This child has an urgent medical need and should be seen by a primary care clinician within 24 hours.**

  Specify:
- ❑ Any lab tests/results:
- ❑ Any allergies (drug/environment):
- ❑ Recommendations/Plan:

This child's medical history is ❑ complete ❑ incomplete ❑ absent

Do you have concerns regarding sexual abuse?

Do you have concerns regarding physical abuse?

Recommend further examination:

Signature of Clinician: Phone Number:

Printed Name:

Office Address:

DSS Caretaker Name & Phone Number:

Social Worker Name & Phone Number

1-800-KIDS-508

DSS Emergency Number

Please provide two copies of this completed form to the child's caretaker.

10/98

Notes